

IMPROVING ARIZONA'S CHILD PROTECTION SYSTEM

REPORT AND RECOMMENDATIONS

For

ARIZONA GOVERNOR JANET NAPOLITANO

By

**THE GOVERNOR'S ADVISORY COMMISSION
ON CHILD PROTECTIVE SERVICES**

AND

SEVEN SUBCOMMITTEES:

**CPS REPORTS
CPS RECORDS
CPS AND JUVENILE JUSTICE
CPS STRUCTURE
CPS AND HEALTH
CPS AND EDUCATION
CPS AND COMMUNITY**

June 30, 2003

THE PREFACE

My Worst Memory

Essay By A Young Boy In Arizona Foster Care PREPARED FOR SCHOOL ASSIGNMENT

This is a true story of a boy who was abandoned by his mom at the age of 4. He had to take care of his 2 year old little brother and his 1 year old little sister for two days inside a small apartment with nothing to eat except raw ramen noodles and taco shells.

The three kids had no idea that their parents had abandoned them but it was good that they didn't because if they had they would have been more devastated. The older brother had done a good job so far but the little sister was out of diapers and he had nothing to use, so he used some old sheets. He knew it wouldn't last but it was all they had so he just made the best of what he had.

Later on in the morning of the second day the older brother realized there was something wrong and he went outside to see the neighbors and to ask them if they had any idea where their mom had been. One of the neighbors had said that he had seen where she had gone but had no idea where she was now. So the boy went back home to check on his brother and sister, and later on that day they were all found and taken by the police to a shelter.

The kids were all in the same shelter for many years then were one day taken away from each other. The older brother knew that this was wrong and he could feel his brother's and sister's pain as they said their good-byes. He saw it in their eyes that they were terrified of leaving each other, as they thought they would never see each other again.

Later on about five years later all the kids were put into different homes and are all happy where they are. The kids still see each other once every month but some say that they are still not happy with this idea and all want to be with each other. So this is the story of the three kids who had survived two days without anyone to take care of them except their older brother. So remember your family and love them for who they are and not what they do because you could end up like those kids. Cherish what you have because you don't want to end up in a place like the three kids.

**[After nine years in Arizona foster care,
this boy will be adopted in early July 2003.]**

THE PROMISE

The story of the young boy in Arizona foster care is actually a story of success – children whose parents failed them but who were cared for “by the system.” And the system did what needed to be done. What about when “the system” as well as family fail the children? It is too much to bear – for the children and for Arizona. “The system” must be fixed.

When Governor Janet Napolitano served as Arizona Attorney General from 1999 to 2002, she pledged to help Arizona's foster children by improving statewide legal representation of Child Protective Services. She wanted to reduce the backlog of CPS cases languishing in the courts, and to expedite new cases so abused or neglected children would have safe and permanent homes as quickly as possible. Between 1999 and 2002 Janet Napolitano accomplished her goals – backlogged dependency cases were reduced by 90% and many new cases filed during those years were concluded within 18 months.

Now, as Arizona's Governor, Janet Napolitano has expanded her pledge to help abused and neglected children. She has promised that as Chief Executive she would make the protection, well-being, and permanency of Arizona's most vulnerable children one of her top priorities. On her third day in Office, Governor Napolitano signed an Executive Order creating a Children's Cabinet and the Advisory Commission on Child Protective Services Reform. She asked the Commission to study Arizona's child welfare and child protection system, and to make recommendations to her by June 30, 2003 as to improvements that should be made to help Arizona's children

The Recommendations contained in this Report represent the work of Governor Napolitano's Advisory Commission on Child Protective Services, and its seven subcommittees. They are the collective work of hundreds of Arizonans who participated in this collaborative, developmental process – many of whom also participated in the past on other Commissions, Committees, and Studies, but who believe *this time it is different*.

This time we count on Governor Napolitano to take to heart, mind, and spirit these recommendations – and to *act*, in the best interests of the children, and to *implement* a better child protection system in Arizona.

Because the children are counting on all of us.

THE PROBLEM

*Hell? I never give 'em hell.
I just tell 'em the truth
And they think it's hell.*

-- Harry Truman

So what is wrong with CPS—in Arizona and across the nation? Why do the horror stories happen – and why do they seem to keep happening? Because “the system,” never particularly well designed or operated to begin with, is stressed and collapsing, particularly in recent years. Without change now, more children will suffer abuse and neglect, and rely on government systems to protect them. Here are some of the most damaging stressors:

- **Family stressors:** Economic hardship, including lack of and loss of employment; substance abuse by parents, guardians, and caretakers; isolation and alienation from relatives and neighbors and the community; domestic violence; declining access to health care;
- **System stressors:** Low salary and high turnover of CPS case managers and key staff; lack of supports for children and families in health care, lack of access to behavioral health care and substance abuse treatment; lack of capacity and funding for a true family-based foster care system; lack of cooperation and accountability among and between governmental agencies serving children and families;
- **Funding stressors:** Staggering budget deficits, which result in insufficient dollars to fund the CPS Children’s Services system. (1) Family Builders, a program that enabled CPS to respond to 100% of the reports of child abuse and neglect, was never funded for statewide service, and was cut in counties that did enjoy the resource. As a result, CPS lost the ability to maintain a 100% response to every report of abuse or neglect. (2) Families F.I.R.S.T, a program to help parents and other caretakers cope with substance abuse. Although the demand for this program has increased, funding has not.

These are only some of the stressors affecting the daily operations of CPS in Arizona and throughout the nation. Without *effective prevention* of child abuse and neglect, early *intervention* in cases

when families can be preserved and children can be protected, and appropriate *permanency options*, the children in Arizona cannot be safe. The CPS Advisory Commission and the seven Subcommittees have specific recommendations for improvements to Arizona’s child protection and child welfare systems. These recommendations are attainable, despite family and system stressors, and even despite some of the funding cuts. The time to act is now.

THE PEOPLE

Who are the children of Arizona, and what government agencies are supposed to serve them and their families?

ARIZONA’S CHILDREN

There are 1.4 million children in Arizona. Almost one quarter of these children live in poverty. Annually, Child Protective Services receives calls regarding approximately 90,000 children. CPS investigates reports on about 70,000 children, and ultimately files court dependency cases for about 5,000 children who are removed from their homes each year for their safety and protection.

ARIZONA’S KEY SYSTEMS SERVING CHILDREN AND FAMILIES

In Arizona, Child Protective Services is primarily responsible for the protection of abused and neglected children. What other agencies share responsibility for child protection and child welfare?

- CPS is part of the **Department of Economic Security**, which is also responsible for administering programs related to welfare, employment and rehabilitative services, child support, aging and community services, and developmental disabilities.
- Arizona’s Medicaid Agency, the **Arizona Health Care Cost Containment System** (AHCCCS) contracts with private health plans to deliver acute and long term health care services to children.
- The Arizona Department of Health Services, **Division of Behavioral Health** also provides services through contracts with private providers known as Regional Behavioral Health Authorities (RBHAs). These services include prevention programs, services for substance abuse and general mental health disorders.
- The **Administrative Office of the Courts** is responsible for programs that provide oversight to the court processes related to CPS, including the Foster Care Review Board and Court Appointed Special Advocates (CASA).

- For children involved with juvenile justice, Arizona's **juvenile probation system**, including juvenile detention, is administered through counties under the supervision of the Arizona Supreme Court. The **Arizona Department of Juvenile Corrections** (ADJC) provides secure care for juveniles, although certain youth can be directly charged or transferred into adult corrections operated under both county **adult probation systems** and the **Arizona Department of Corrections**.

The challenge for Arizona, as for so many states, is to combine these silos into a *system of services* for children and their families.

THE PROCESS

Arizona initiated its review of the child protection system through (1) an Advisory Commission formed by Governor Napolitano to review the entire system, and (2) seven subcommittees, each with a particular focus on one part of the system.

THE ADVISORY COMMISSION

During her first week in Office, Governor Napolitano appointed the Advisory Commission, comprised of leaders in Arizona's child welfare system, including social workers, legislators, judges, educators, lawyers, and a pediatrician. Its mission was to recommend improvements to Arizona's child protection system, including prevention, permanency, and preservation. The Governor asked Commission members to base their recommendations on their individual experience and wisdom, and on the work that emerged from seven subcommittees. Thus, the Commission's role was dynamic and intuitive, as well as cognitive and analytical.

The Commission met four times between January and June, 2003.

- **In January** it discussed its mission and the subcommittee structure; Commission members were invited to attend any or all of the subcommittee meetings, and many did so.
- **In March** it discussed the "learnings and leanings" emerging from the first several meetings of the seven subcommittees, to gather a sense of the overall tenor of the potential reforms.
- **In May** it discussed draft Recommendations from the seven subcommittees, and identified those ideas and topics that were

surfacing as the best ideas for improvements to Arizona's child welfare and protection system.

- **In June** the Commission developed its Recommendations, gleaned from the Final Subcommittee Recommendations and commission members' own discernment. The Commission Recommendations are based on (1) *consensus* when the whole body agreed, and also (2) *majority/divergent view*, when an idea had support from many but some members expressed additional or opposite views. The recognition of divergent views was key to the process, so that no individual or "smaller voice" was diluted or overlooked in the effort to harvest collective or majority ideas.

THE SEVEN SUBCOMMITTEES

*Quantum materiae materietur
Marmota monaz se marmota monax
Matriam posit materiari?*

*(How much wood can a woodchuck chuck
If a woodchuck could chuck wood?)*

To assist the Commission with its task and to broaden both the participation and the wisdom base, seven subcommittees were formed to run parallel to the Commission. Each subcommittee had a focus on a particular aspect of Arizona's CPS system: (1) Reports And Investigations, (2) Records And Hearings, (3) Juvenile Justice and CPS, (4) Structure of CPS, (5) Health and CPS, (6) Education and CPS, and (7) Community and CPS

The subcommittees were composed of child welfare and community leaders, as well as foster parents, CPS case managers, and others interested/involved in the CPS system. They were chaired by child welfare and protection professionals with expertise in the particular subcommittee focus. The public was invited to each subcommittee meeting and welcome to "a seat at the table". The goal was to create a broad net to capture the full wisdom of the entire community.

Each subcommittee was scheduled to meet seven times in four and a half months – an intense and focused effort! However, many of the subcommittees met more often, dividing their work into multiple sub-subcommittees, resulting in even more participation. Momentum, enthusiasm, and participation continued to grow, so that, by the conclusion of the subcommittees' work, over 80 meetings had been

held, and more than 260 people participated. All told, the Commission and Subcommittees stand as the collective work and wisdom of those who answered the Governor's call to use their best efforts to discern what improvements could and should be made to Arizona's child welfare and child protection system.

THE PRIORITIES

*An invasion of armies can be resisted,
But not an idea whose time has come.*

-- Victor Hugo

FINAL RECOMMENDATIONS FROM SEVEN SUBCOMMITTEES

The subcommittees prepared their Final Recommendations, which contain literally hundreds of recommendations for improvements to Arizona's child welfare and child protection systems. They also include subcommittee determinations as to implementation and completion dates. They are presented in full later in this Report.

FINAL RECOMMENDATIONS FROM THE COMMISSION

The Commission's task was to present a full picture of improvements needed in Arizona's child welfare and child protection systems. To fulfill this mission, the Commission organized its recommendations as follows:

- **Prevention of child abuse and neglect**, as the first strategy toward effective protection.
- **The role and mission of CPS**, including statutory definitions related to child safety and child protection.
- **The role of the community and diversity** in child welfare and child protection, including elimination of cultural barriers.
- **A structure** for accountability for collaboration among government agencies serving children and families.
- **Records and information**, including appropriate sharing of records, public access to appropriate information, consideration of an expanded pilot to open CPS dependency hearings.
- **CPS reports and investigations**, including risk based investigations, multidisciplinary team approaches, joint

investigations as appropriate with law enforcement, collaboration with mandatory professional reporters, and substantiation of allegations of child abuse/neglect.

- **CPS response system**, including development of a differential response system, and alternatives to current dependency processes.
- **Health services delivery**, including medical, behavioral, substance abuse and domestic violence services.
- **Juvenile Justice and education reforms**, including keeping a child in the same school and representation of a child in CPS with special education needs.
- **CPS staff support**, including better academic preparation, training, workloads, and salaries.
- **Funding changes**, including child support collections from parents with children in the juvenile justice or dependency systems, and better use of federal monies for children who need protection.
- **Implementation of changes**, based on outcomes, timelines, and accountability, with community participation.

The full Report and all Recommendations of the Commission follow.

THE PLAN

Following her review of the Commission and Subcommittee Recommendations, Governor Janet Napolitano will determine which of the recommendations she believes are in the best interest of Arizona's children and will result in improvements to Arizona's child welfare and protection systems.

In Summer 2003, the Governor will announce her plan for implementation of the improvements to CPS during her administration. The point of the plan will be action. And the action will result in protection, well being and permanency for Arizona's abused and neglected children.

GO JANET!

*This is not the end, nor is it the beginning of the end;
It is, however, the end of the beginning.*

-- Winston Churchill

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ARIZONA GOVERNOR JANET NAPOLITANO

FINAL RECOMMENDATIONS

OF

THE GOVERNOR'S ADVISORY COMMISSION

ON CHILD PROTECTIVE SERVICES

June 30, 2003

INTRODUCTION

On June 27, 2003 the Governor's Child Protective Services Advisory Commission met to determine its final recommendations to Governor Napolitano regarding improvements to Arizona's child welfare and child protection system. Twenty-three of the twenty-five Commission members were present for this meeting. The recommendations of the Commission are presented below.

*You miss one hundred percent
Of the shots you never take.*

-- Wayne Gretsky

PREVENTION

RECOMMENDATION #1 CONSENSUS

Prevention of Child Abuse and Neglect

The protection and safety of children must be Arizona's first and foremost goal. But the Commission recognizes the false dichotomy in the rhetoric that attempts to counterpoint the goals of *prevention* of child abuse or neglect, and child *protection*. In fact, child protection *begins* with prevention of abuse and neglect.

To this end, Arizona must expand its successful prevention programs and incorporate the best practices from its current evidence-based prevention programs to reduce the number of families in crisis before child abuse or neglect occurs. We must commit to fund, develop and maintain a statewide system for the consistent and continuous delivery of prevention services, and aggressively pursue federal and other funding sources to accomplish this goal.

CPS ROLE AND MISSION

RECOMMENDATION # 2 CONSENSUS

Safety and protection as Primary Role of CPS

Arizona must amend the definition of Protective Services in A.R.S.

8-801 to "Child Protective Services" as follows: Child Protective Services (CPS) is a specialized child welfare program that investigates any act, failure to act, or pattern of behavior on the part of the parent, guardian or custodian that may result in dependency, abuse or neglect of a child. CPS acts to ensure the ongoing best interests, safety and protection of the child from foreseeable danger, and to stabilize the well being of the child in a permanent home.

This is not to say that there is a disconnect between CPS and prevention of child abuse or neglect, or support of families. The Commission recognizes that Arizona needs the full array of child welfare services, including prevention, protection, and permanency services, to truly protect the safety and well being of its children.

RECOMMENDATION # 3 CONSENSUS

Civil and Criminal Definitions of Child Abuse and Neglect

Arizona should revise current definitions of child abuse and neglect to reflect the primary mission of child safety. Agency rules should be amended for consistency with the revised definitions.

RECOMMENDATION #4 MAJORITY WITH DIVERGENT VIEW Exposure of Children to Alcohol or Drug Abuse

MAJORITY VIEW: Alcohol or drug abuse by a parent, guardian, or caretaker should be clearly stated as a factor for consideration when determining neglect, because such abuse is a foreseeable risk to a child. CPS case managers must have strong direction on the duty to protect children from such drug or alcohol abuse, the signs or elements of such abuse, and the appropriate methods of protection, including removal.

The Commission encourages Arizona medical organizations such as the Arizona Medical Association and the Arizona Chapter of the American Academy of Pediatrics to work with their national counterparts to develop medical protocols to identify substance-exposed newborns, so as to provide adequate care and safety for these particular children at risk.

DIVERGENT VIEW – FIVE MEMBERS: A specific focus on alcohol and drug use by parents, guardians, or caregivers as a form of child neglect may have as an unintended consequence the dissuasion of pregnant women from seeking prenatal care. Additionally, states that have adopted this focus have also disparately impacted minority groups.

COMMUNITY and DIVERSITY

RECOMMENDATION # 5

CONSENSUS

Community and faith-Based Providers

Protecting Arizona's children requires far more than the best efforts of a single agency. State and local government must leverage, integrate, and enhance the crucial role of community, corporate, philanthropic and faith-based organizations in protecting children, helping their families, and improving child well being.

RECOMMENDATION # 6

CONSENSUS

Placement and Permanency with Family and Community

Arizona must establish in policy that stability with siblings, neighborhoods, schools, and community is the primary benchmark of appropriate placement and permanency, unless there are concerns for a child's safety. Public policy should demand that both children at risk of abuse or neglect, and those who are placed in foster care or other protective care due to abuse or neglect, should continue to live to the greatest extent possible with their siblings, and with relatives, kin or extended families, in their own neighborhoods or communities, to sustain anchoring relationships with family, friends, teachers, and neighbors.

RECOMMENDATION # 7

CONSENSUS

Community as Full Partner In Shared Mission

Arizona must promote community-wide education about the need youth in protective care have to form a secure sense of identity without stigma. Government agencies, working in collaboration with the community, must reach a societal consensus that ensuring a health future for children and youth in foster care is a shared responsibility. The result will be that, when parents fail to meet their individual responsibilities, the collective community will not grudgingly or only partially make up the difference.

RECOMMENDATION # 8

CONSENSUS

Multi-Cultural Competency

Arizona must honor the language and culture of families in connection with appropriate child protection and welfare services. We must view child welfare and protective services through the lens of a multi-cultural perspective. In particular, Arizona must competently address linguistic differences in the planning and development of the child welfare and protection system, and the training of those who serve children and families in that system.

RECOMMENDATION # 9

CONSENSUS

Issues Related To Native Americans

When Native American children are involved in the child protection and child welfare system, Arizona must respect tribal perspectives and culture. This means active efforts to prevent breakup of the Indian family, rehabilitative and remedial services to the Indian family, and placement preferences, including permanency, as stated in the Indian Child Welfare Act. This is consistent with the value and importance of relationships with the Tribe within Native American cultures.

RECOMMENDATION # 10

CONSENSUS

Development of Community Focus in Child Welfare

Arizona can and should strengthen and expand the role of community volunteers in the child welfare and protection system, including:

- Enhance the role, service, and impact of community members through the Foster Care Review Board system;
- Study the development of safe places or "safe houses" for children at risk of abuse or neglect through partnerships with the community and government agencies.

STRUCTURE FOR SERVICE DELIVERY AND ACCOUNTABILITY

RECOMMENDATION #11 MAJORITY WITH DIVERGENT VIEW Child Welfare and Protection as a Separate Department

MAJORITY VIEW – TEN MEMBERS: Arizona should separate the Division of Children, Youth and Families (CYF) -- child welfare and child protective services – from the Department of Economic Security (DES) and create a new department and a new Cabinet position. The purpose of the separation is to emphasize the immediacy of safety and protection of children from abuse or neglect or from the risk of abuse or neglect.

DIVERGENT VIEW – EIGHT MEMBERS: Although these Commissioners share the frustration with current DES multi-layered bureaucracy and lack of clear direction to CPS staff, they do not believe that Arizona should separate CYF from DES. An undertaking of this magnitude creates a risk of diverting limited resources and momentum from concrete improvements to the child protection and child welfare system. Some states that have done such restructuring have found that expected and permanent improvement did not occur.

RECOMMENDATION #12 CONSENSUS Accountability of Agencies Serving Children And Families

Arizona must clarify expectations about performance of government agencies that serve children and families. To meet the mission of child welfare and child protection, these agencies must be accountable for collaboration as to service delivery to children and families in Arizona -- to the Governor, to the people of Arizona, and to the courts as appropriate in litigation: Department of Economic Security, Division of Behavioral Health Services, Arizona Health Care Cost Containment System, Department of Juvenile Corrections, Arizona Supreme Court juvenile court programs, Arizona Department of Education, school districts, and the Department of Corrections with regard to children of incarcerated parents.

RECORDS AND INFORMATION

RECOMMENDATION # 13 CONSENSUS Appropriate Access To CPS and Other Records

CPS must work with other government agencies, schools, medical providers, etc. who also serve children and families to develop laws, protocols, authorizations, and practices, so that appropriate records and information about children in the CPS system and their families are promptly obtained and exchanged by and between CPS and these service providers. State agencies must develop and maintain appropriate linkages to such information and data through technology.

RECOMMENDATION # 14 CONSENSUS Enhance Information to and Education of the public

Records, data, and other information should be more open to the public to the appropriate extent for greater knowledge and accountability of the system. To this end, Arizona should use public and private resources to expand communications about services for children and families, and to promote involvement in the challenges and opportunities of improving the CPS system. These communications should include all rural, tribal, and urban areas, and should include Public Service Announcements and community education and marketing services.

RECOMMENDATION # 15 MAJORITY WITH DIVERGENT VIEW Open CPS Court Hearings

MAJORITY VIEW – FOURTEEN MEMBERS: Arizona should expand the pilot to open CPS hearings to encourage public awareness while balancing privacy of children and others involved in these difficult and sensitive cases. A pilot should occur in a rural county to determine if there are different or increased steps needed to protect the privacy of children and families in smaller communities. Evaluation of pilots is critical to understanding the positive and negative results of opening such hearings, as well as unintended consequences.

DIVERGENT VIEW – TWO MEMBERS: All Arizona CPS hearings should be presumed open, subject to closure as warranted on a case by case or hearing by hearing basis. Opening hearings will increase awareness of CPS mission and role, and the accountability of CPS to the public,

DIVERGENT VIEW – TWO MEMBERS: Arizona should continue to keep CPS hearings closed, opening them only for certain, limited reasons. This is necessary to protect the privacy of children and others who are involved in these difficult cases.

CPS REPORTS AND RESPONSE

RECOMMENDATION # 16 CONSENSUS

Child Assistance Calls

Arizona should create a telephone and website for “Child Safety Connections” in coordination with the developing “211” network. This process would function independently from CPS and would assist the public in protecting and accessing children’s services (e.g., CPS, health care, behavioral health care, prevention services, education services, etc.)

RECOMMENDATION # 17 CONSENSUS Risk Based Investigations

CPS focus when investigating allegations of child abuse or neglect should be risk-based rather than solely incident based. Investigative processes must be multidisciplinary, as appropriate to the level and type of risk, incorporating other professionals such as law enforcement, behavioral health, domestic violence, medical and educational professionals. Local interagency protocols for reporting, screening, and investigation of child abuse and neglect must be developed and implemented

RECOMMENDATION # 18 CONSENSUS

CPS and Mandatory Professional Reporters

CPS must work more effectively with mandatory professional reporters as follows:

- Create standardized risk assessment tools for use by these professionals when reporting child abuse or neglect;
- Develop and implement training on the role of the mandatory professional reporter in CPS;
- Provide alternative “reporting portals” at the CPS Hotline to facilitate rapid screening and consultation between professional reporters and CPS Hotline personnel;
- Provide for ongoing communication as appropriate between the reporter and CPS as to the investigation and the result of the investigation, with opportunity for the professional reporter to consult with CPS if he/she questions the decisions as to best interests of the child.

RECOMMENDATION # 19 CONSENSUS

Substantiating allegations of Abuse and Neglect

Arizona should amend the substantiation and appeals process by:

- Separating out the findings related to the abuse/neglect of a child from naming of a maltreater and entering of the maltreater’s name in the Central Registry;
- Continuing to substantiate the fact that abuse or neglect occurs on a “reasonable belief” (probable cause) basis; however, the evidence standard for placing an alleged maltreater’s name on the Central Registry should be raised to a standard of “more likely than not” (preponderance of evidence), and the alleged maltreater should continue to have a right to appeal this finding,
- Names on the Central Registry should be checked by government agencies when licensing, contracting, or employing a person to work with children or vulnerable adults. Names should also be available to private sector providers serving children or vulnerable adults, in exchange for a nominal fee to defray the cost of checking.

RECOMMENDATION # 20

CONSENSUS

CPS Differential Response system, and CPS Case Management

Arizona should create a Differential Response System as recommended by the National Association of Public and Child Welfare Administrators. Investigations would be handled as follows:

- CPS joint investigations with law enforcement of the most serious, high-risk cases;
- CPS and community providers involved with moderate risk cases;
- Community providers involved with low risk and potential concerns of abuse or neglect.

Arizona should develop CPS case management competencies by separating investigative (forensic), supportive, and permanency case management services.

RECOMMENDATION # 21

CONSENSUS

Broader Role of Mandatory Professional Reporters

CPS should actively engage clergy and other mandatory reporters in the work of prevention, response, recruitment and support of foster homes, and support of kin placements. Arizona needs a differential response system to recruit, screen, certify and train these professionals to assist CPS with response to the immediate needs of children at risk of abuse or neglect, and their families.

RECOMMENDATION # 22

CONSENSUS

Alternatives to Dependency Court Cases

Arizona should be more creative in developing alternatives to the expensive and difficult current court dependency process, such as:

- Expanding alternatives to the investigative and adjudication process by developing a Dependency Diversion process, designed to avoid dependency adjudications if parents stipulate to a case plan and participation in services that is subject to close monitoring by an independent arbiter in the agency or in the court;

- Work with the courts to explore expedited investigations of allegations of abuse or neglect within the family court context, particularly to address the numbers of cases now filed as private dependencies or as juvenile delinquency dependencies.

**HEALTH SERVICES
IN THE SYSTEM AND TO EXIT THE SYSTEM**

RECOMMENDATION # 23

CONSENSUS

Relevant, accessible services

CPS and other government agencies, as well as the community and faith based organizations, must provide relevant and accessible services for children at risk of abuse or neglect, and children who are placed in protective care. Services must be driven by child and family needs and demonstrate preservation of cultural and ethnic identity. An integrated service delivery model will include active input from these stakeholders into the development of services, with reliance on empirically sound, family-centered interventions that have proven effective.

RECOMMENDATION # 24

CONSENSUS

Primary health care

Arizona must actively support the need of each child for primary health care, particularly children at risk of abuse or neglect, or who are in protective care. This primary health care must be accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective. When an Native American child is involved in a CPS case or at risk of such involvement, CPS should coordinate with Indian Health Services and appropriate Tribal Health Services for such care.

RECOMMENDATION # 25

CONSENSUS

Primary Assessment Team

A primary assessment team should be created and available 24/7 to all child protection intake staff.

- This team must have the capacity to do immediate assessments as necessary for primary health care, mental health, education, and child development, and have expertise in domestic violence issues;
- The team must be able to provide short-term interventions for health and behavioral health care for the child and family to stabilize crisis, assess safety, and assist with placement, including with the family.

RECOMMENDATION # 26
CONSENSUS
Eligibility for Medicaid Services

Medicaid services to children who are known to CPS in investigations or who are removed from their homes must include:

- Outreach by AHCCCS health plans to the children and their families;
- Exploration of presumptive or categorical AHCCCS eligibility;
- Expedited AHCCCS eligibility and service delivery;
- Continued eligibility after adoption or permanent guardianship;
- Education of primary health care providers on unique needs of these children;
- Review of current financial structures to ensure that primary health care providers can also provide primary behavioral health interventions.

RECOMMENDATION # 27
CONSENSUS
Array of Primary and Behavioral Health Services

Arizona needs a full array of primary and behavioral health services for children and families that include:

- Intervention and support to help children remain, as appropriate, with their families and avoid removal from home;
- Support for children in protective care and for the providers;
- Support when children exit CPS protective care; and
- Assurance that families will have the same quality providers of behavioral health services as is available to families in the acute care system – AHCCCS and BHS should be required to accomplish this.

RECOMMENDATION # 28
CONSENSUS
Development of BHS services by CPS

CPS should be the lead in identifying services and supports necessary for children and families at risk of CPS involvement or removed from their homes by CPS. The goal is to ensure children do not experience more than one placement by CPS in protective care out of home, and to develop relative and foster care capacity to reduce inappropriate reliance on institutional and group care.

RECOMMENDATION # 29
CONSENSUS
Availability of Behavioral Health Services

Children in CPS and the juvenile justice systems, and their families, need timely and consistent behavioral health services – when at risk of entering the systems, while in the systems, and to exit the systems. They should have expedited eligibility and delivery of behavioral health services. Arizona should also explore presumptive or categorical AHCCCS eligibility for these children.

RECOMMENDATION # 30
CONSENSUS
Availability of Substance Abuse Services

Children in the CPS and juvenile justice systems and their families need appropriate substance abuse services. The Arizona Families F.I.R.S.T. program now operated by DES should be continued and expanded to help children and families deal with substance abuse as a barrier to protection, family preservation, and permanency.

RECOMMENDATION # 31
CONSENSUS
Recruit, Train, Retain Professionals

Arizona must implement an aggressive plan to recruit, train, and retain professionals with knowledge and expertise to serve families and children involved in the CPS system. These professionals include physicians, social workers, counselors, therapists, educators, and other involved in forming and implementing the case plan for the child and the family. To do so, Arizona must engage the universities and the junior colleges in capacity development and training.

OTHER SERVICES FOR DEPENDENT CHILDREN

RECOMMENDATION # 32 **MAJORITY WITH DIVERGENT VIEW** **Support and Enhancement of Foster Family Services**

MAJORITY VIEW: Arizona must enhance the recruitment, support, and payment of quality foster families for CPS children who are removed from their own homes. While Arizona must continue an inventory of protective care options appropriate to children's individual needs, current reliance on group homes and other non-family atmospheres must be reduced. All protective care settings for CPS children should be as homelike as possible, with services that are strengths based.

DIVERGENT VIEW – ONE MEMBER: There are effective group homes for CPS children with appropriate programs and services that meet the needs of children. An effective group home is more appropriate for a given child than an ineffective family foster home.

RECOMMENDATION # 33 **CONSENSUS** **Transitional and Post Dependency Services**

Arizona must provide case management, education, and training services for youth transitioning from foster care to independent living. This is essential for the children leaving custody of the state without a family to call their own.

RECOMMENDATION # 34 **CONSENSUS** **Adoption and Permanent Guardianship Services**

Adoptive and permanent guardianship families often require financial and other supports to meet the needs of children in their homes. Arizona should ensure the future stability of these services by evaluating the adequacy of case management service available, and the amount of and services covered by current subsidies.

CPS AND JUVENILE JUSTICE

RECOMMENDATION # 35 **CONSENSUS** **Juvenile Sex Offenders**

Arizona needs an age appropriate tool for evaluating dependent juvenile sex offenders.

CPS AND EDUCATION SERVICES

RECOMMENDATION # 36 **CONSENSUS** **Same School**

School is one of the few potentially stable areas in a child's life; therefore, children removed from their homes by CPS should remain in the same school, or, if that is not possible, receive instruction as consistent as possible with previous instruction.

RECOMMENDATION # 37 **CONSENSUS** **Representation of Children with Special Education Needs**

Arizona must clarify current laws as to who will be appointed to legally represent a child's education interests under special education laws, when the child is involved with the CPS system. This clarification must include related issues such as who designates the representative, immunity for the representative who acts in good faith, the process for termination or replacing a representative, etc.

RECOMMENDATION # 38 **CONSENSUS** **Educational Needs of Children in CPS Care**

CPS should work with the community and educational programs to ensure that those children in protective care receive age-appropriate educational and related services. A single coordinated case plan with joint staffings is necessary. Exit and transitional plans, as appropriate, need to be part of all case plans. Exit planning must begin as soon as a child comes into CPS care.

CPS STAFF AND TRAINING

RECOMMENDATION # 39 CONSENSUS Qualifications and Benefits

Arizona must support the recruitment and retention of high quality CPS case managers. Such support requires that case managers have appropriate academic preparation, excellent supervision and training, appropriate salaries, employee assistance programs for handling job related stress and the emotional nature of the work, and workloads appropriate to their responsibilities. Staff with bi-lingual ability should be recruited and compensated.

CPS AND FUNDING CONCERNS

RECOMMENDATION # 40 CONSENSUS Sufficient Funding

CPS must have sufficient funding to operate the full range of successful and necessary child welfare and protection programs regarding prevention, intervention, and permanency needs of children and their families. Arizona must eliminate financial and programmatic disincentives for permanency or the successful transition of youth aging out of foster care.

RECOMMENDATION # 41 CONSENSUS Financial Responsibility of parents

Courts must consider financial responsibility by parents for children in the child protection or juvenile justice systems. Parents should be required to bear some of the costs of care, based on ability to pay. Child Support Guidelines should apply to children in these court systems.

RECOMMENDATION # 42 CONSENSUS Federal Funds

Arizona should consider use of Title IV-E funds for juvenile justice placements and prevention efforts. Arizona should also strive to increase use of Title XIX and Title XXI funds for children in the juvenile justice and child welfare systems.

RECOMMENDATION # 44 CONSENSUS Public Input on CPS Improvements

The Arizona Governor should maintain public input on the process of continuous improvement of CPS. Formal and informal processes should be developed to facilitate this input, including the following, with opportunity to share thoughts and concerns with the Governor's Office on a regular basis:

- A Youth Advisory Board comprised of youth and siblings of current and former foster children;
- Outreach for ongoing input from providers, families, foster families, and kinship care providers.

*Make all things as simple as possible,
But not more so.*

-- Albert Einstein

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Foster Care Review Board
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Bev Ogden
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ARIZONA GOVERNOR JANET NAPOLITANO

**FINAL RECOMMENDATIONS PREPARED FOR
CPS ADVISORY COMMISSION**

JUNE 30, 2003

REPORTS SUBCOMMITTEE

CO-CHAIR: Janice Mickens
DES/ACYF

CO-CHAIR: Beth Rosenberg
Children's Action Alliance

REPORTS
Subcommittee Recommendations
As part of the CPS Advisory Commission
June 30, 2003

	Implementation- Changes Needed	Completion Date
PART I: SCREENING REPORTS		
<ul style="list-style-type: none"> ▪ Definitional Changes <ol style="list-style-type: none"> 1. Amend the definition of Protective Services in ARS §8-801 to “Child Protective Services” and define as <i>Child Protective Services (CPS) is a specialized child welfare program that investigates any act, failure to act, or pattern of behavior on the part of the parent, guardian or custodian that may result in dependency, abuse or neglect of a child. CPS acts to ensure the ongoing best interests, safety and protection of the child from foreseeable danger and to stabilize the well-being of the child in a permanent home.</i> 2. Create the presumption that a child is neglected if the child is exposed to alcohol, illegal substances or illegal drugs at birth or within a year following birth, based on self-report, medical evidence or testing, and whose mother is offered and fails or refuses to complete recommended substance abuse treatment. 3. Expand and clarify the definition of abuse by adding subsections that take into account (a) criminalized categories of abuse with cross-references to related criminal statutes and (b) child at serious risk of injury. 4. Expand and broaden the definition of emotional abuse beyond the current very specific diagnoses in law to include other serious symptoms or behaviors observed in the child. ▪ The CPS Hotline and Connections Development <ol style="list-style-type: none"> 1. Create a statewide “Arizona Child Safety Connections” in coordination with the “211” network development that would function independently from CPS and would assist the public in protecting and accessing children’s services (e.g., CPS, health care, behavioral health care, prevention services, education, etc.) 2. Create a standardized risk assessment tool for use by mandated “professional” reporters. 3. Develop a communication mechanism whereby mandated reporters may receive feedback on the outcome of the investigation and the case plan (as appropriate). 4. Develop training on the CPS structure and systems, including the CPS Hotline and use of the standardized risk assessment and require mandated reporters to participate in the training. Others may receive the training voluntarily. 5. Provide alternative “reporting portals” at the CPS Hotline for mandated reporters including for law enforcement and trained mandated reporters who use the standardized risk assessment form to facilitate rapid screening and consultation by and with hotline personnel. 	Legislation	Medium-Term
	Legislation & Funding	Long-Term
	CPS policy Legislation	Short-Term Medium-Term
	Practice & Legislation	Medium-Term
	Funding	Long-Term

REPORTS
Subcommittee Recommendations
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June 30, 2003

	Implementation- Changes Needed	Completion Date
<ul style="list-style-type: none"> ▪ A Differential Response System <ol style="list-style-type: none"> 1. Develop a multi-tiered, differential response system with the level of risk to the safety and health of the child determining who responds (i.e., CPS, law enforcement or community provider or combination thereof) and the extent and type of response. The differential response will be sensitive to providing a response based on the level of risk to the child(ren) including the severity, chronicity, immediacy of risk and the age of the child rather than just a specific incident of child abuse or neglect. The type of reporter and whether the standardized assessment tool is submitted with the report will be factors for consideration. <i>(See triangle chart from NAPCWA Guidelines, attached)</i> 2. For the differential response system, develop a statewide system for screening and referral of low-risk cases to community based providers (i.e. Family Builders, mental health agencies, etc.) and require return of cases to CPS for further screening and referral if the family cannot be located/refuses services. ▪ Improve and Expand Scope and Procedure for Non-Parental Providers to Obtain Custody Orders <ol style="list-style-type: none"> 1. Expand and clarify statutory basis and legal procedures by which a non-parent or kin who stands in <i>loco parentis</i> (the place of a parent) to a child may seek court-ordered custody of the child (e.g., a “private dependency”), and for handling cases referred from Juvenile Court probation officers and Department of Juvenile Corrections staff for out-of-home placement of delinquent or incorrigible youth, without automatic or mandatory CPS participation. The procedure should include a report to the Hotline for screening. Currently, when a child’s Guardian ad litem, a relative, or a non-parent caretaker files a private dependency petition, CPS is typically made a party in such cases and is required to investigate and report back to the court. 2. Explore amendments to ARS §25-415 which would give jurisdiction to the Family/Domestic Relations Court for some these of these situations. ▪ Development of Dependency Diversion Process with a Stipulated Short-Term Case Plan <p>In instances where CPS identifies a family where short-term intensive intervention appears likely to resolve risk issues, ensure child safety, and improve family functioning, CPS may request the family to stipulate to a mandated short-term case plan for a relatively short period of time (i.e., 90 days) to monitor compliance with a Child Safety Plan. The family’s participation would be subject to close monitoring and be reviewed by an independent arbiter within the agency or by the court. If the case plan is successfully completed, court intervention through a dependency adjudicatory process is avoided. If at anytime during the agreement period, child safety is in question, the case would move from the “voluntary diversion system” to the dependency court system to provide oversight and compliance.</p> 	<p>Legislation and Funding</p> <p>Legislation and Funding</p> <p>Legislation</p> <p>Legislation</p> <p>Policy if internal to DES; Legislation for court involvement</p>	<p>Medium-Term</p> <p>Medium-Term</p> <p>Medium-Term</p> <p>Medium-Term</p> <p>Medium-Term</p>

REPORTS
Subcommittee Recommendations
As part of the CPS Advisory Commission
June 30, 2003

	Implementation- Changes Needed	Completion Date
<ul style="list-style-type: none"> ▪ Encourage Development of Medical Protocols to Identify Substance-Exposed Newborns <p>Strongly encourage Arizona medical organizations, such as the Arizona Medical Association and the Arizona Chapter of the American Academy of Pediatrics, to develop protocols to identify substance-exposed newborns in order to provide adequate care and safety measures for children at risk.</p>	Medical Protocol Development & Practice	Short-Term
PART II: INVESTIGATIONS		
<ul style="list-style-type: none"> ▪ Improve the quality of CPS investigative casework by: <ol style="list-style-type: none"> 1. Reduce CPS investigative caseloads to be in line with Child Welfare League of America (CWLA) workload standards for investigations. 2. Provide CPS investigators with necessary evidence-gathering equipment (i.e. computers, digital cameras, vehicles and cell phones.) 3. Provide CPS Investigators <u>immediate</u> access to professionals in related fields such as health, substance-abuse, mental health, education, etc. for consultation purposes as needed. 4. Require comprehensive training for CPS investigators include forensic interviewing 5. Enable CPS investigators to access information contained in mental health and substance abuse records of the parents as part of the investigative process. 6. Provide adequate CPS staffing to meet model court time frames and related case management needs. 7. Re-evaluate model court hearing timeframes to allow more flexibility for investigations and assessments. 8. Re-evaluate arbitrary deadlines such as the 21 day requirement established in statute for determining substantiation of abuse or neglect of child and establish standards for child safety and risk as well as case determination. 9. Revise and clarify policies to focus CPS' primary mission on protecting the safety and health of child(ren) 10. Streamline the duplicative child removal review policies. 	Funding Funding Collaboration Training/practice Legislation, Policy Funding Legislation & Court Rule Legislation and Policy Policy Legislation	Medium- Term Medium-Term Medium-Term Short-Term Medium-Term Medium-Term Medium-Term Medium-Term Medium-Term

REPORTS
Subcommittee Recommendations
As part of the CPS Advisory Commission
June 30, 2003

	Implementation- Changes Needed	Completion Date
<ul style="list-style-type: none"> ▪ Improve the CPS Investigation Response <ol style="list-style-type: none"> 1. Establish and utilize a specialized team staffing model for CPS investigations that includes a forensic specialist –responsible for safety and investigation; a welfare or resource specialist (which can be a community service provider) -- responsible for clinical assessment and services; and an ongoing specialist – responsible for ongoing therapeutic and protective care. 2. Use community or service providers to provide services to families with low risk reports and as welfare or resource specialists in high risk investigations 3. Use Family Builders as a post-investigative service as well. ▪ Improve cross-systems knowledge and skills-building training for CPS, law enforcement, and community service providers on topics such as child abuse and neglect, forensic interviewing and discipline. (Consider use of the Child Welfare Training Institute.) 	<p>Funding</p> <p>Funding</p> <p>Funding</p> <p>Funding</p>	<p>Long-Term</p> <p>Long-Term</p> <p>Long-Term</p> <p>Long-Term</p>
PART III: INVESTIGATION FINDINGS, CENTRAL REGISTRY AND APPEALS		
<ul style="list-style-type: none"> ▪ Amend the report substantiation and appeals process by separating out the findings related to the abuse/neglect of a child from the naming of a maltreater and the entering of the maltreater's name in the Central Registry. <ol style="list-style-type: none"> 1. CPS case managers shall continue to substantiate abuse/neglect of a child based on a "reasonable belief" (probable cause) that abuse/neglect occurred and enter the finding into the CHILDS system immediately to enhance child safety and protection. There is no appeal to this finding. 2. When the CPS case manager believes that a person is "more likely than not" to have caused the abuse/neglect, the CPS case manager shall recommend to the Central Registry Clearinghouse (currently PSRT) that the alleged maltreater's name be entered in the Central Registry. After review to determine that the alleged maltreater "more likely than not" (preponderance of the evidence) was responsible, the Clearinghouse shall enter the name into the Central Registry. 3. The alleged maltreater shall be notified of the finding, the basis for the finding, the right to appeal the finding, the time to file an appeal, and the right to request a "stay" of the finding "stayed" pending the appeal. 4. If the alleged maltreater does not request a stay of the finding, if the appeal time has expired, or if the appeal is unsuccessful, the finding will be accessible for employment purposes. 	<p>Legislation, Administrative Rule, CHILDS Programming and Funding</p>	<p>Medium-Term</p>

REPORTS
Subcommittee Recommendations
 As part of the CPS Advisory Commission
 June 30, 2003

	Implementation- Changes Needed	Completion Date
<ul style="list-style-type: none"> ▪ Provide that the name of a parent, guardian or custodian involved in a dependency adjudication related to abuse or neglect be placed in the Central Registry. ▪ Allow the Central Registry to be checked for state agency licensing, contracting and employment in both the public/private sector when a person applies to work directly with children (or vulnerable adults). <p>This proposal raises the evidence standard to “preponderance of evidence” related to a specific person being named as responsible for a child’s abuse or neglect. The Central Registry information is currently a factor for certain DES licensing/certification purposes; this recommendation would allow the information to be accessed for public and private employment purposes as well. A nominal fee would be required for each Central Registry check requested by a private provider.</p>	Legislation and Court Rule	Medium-Term
<ul style="list-style-type: none"> ▪ Streamline appeals process and consider using the DES Office of Appeals rather than Office of Administrative Hearings (OAH) when an alleged maltreater appeals the finding beyond the Central Registry Clearinghouse review. <p>Alleged maltreators would have an option to appeal a decision to the Superior Court.</p>	Legislation and Administrative Rule	Medium-Term
<ul style="list-style-type: none"> ▪ Amend state law so alleged maltreators who request a hearing and do not show up for the hearing, forfeit their right to continue with the appeal. <p>This would allow for a default finding and eliminate the need for a hearing if the alleged maltreater does not appear.</p>	Legislation	Study – dependent on recommendation for Dept. of Children and Families
	Legislation and Administrative Rule Change	Medium-Term

REPORTS
Subcommittee Recommendations
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June 30, 2003

	Implementation- Changes Needed	Completion Date
PART IV: SERVICES		
<ul style="list-style-type: none"> ▪ Provide the following for CPS case managers: <ol style="list-style-type: none"> 1. Ensure CPS supervisors have their MSW or Master's in a closely related field and work with universities to attain this mandate. 2. Ensure CPS case managers have their BSW or Bachelor's in a closely related field and work with universities to attain this mandate. 3. Eliminate barriers for the recruitment and retention of CPS staff including making salaries commiserate with related direct service positions (e.g., juvenile probation officers, behavioral health case managers). 4. Give pay differential for direct service staff who have MSW's or are bi-lingual. 5. Update data collection system (CHILDS) <ul style="list-style-type: none"> ▪ Data need to be easily and immediately accessible to line staff ▪ Discrete report generating ability needed ▪ Line staff need internet access ▪ Technological intercommunication between CPS and providers would be ideal 6. Provide and expand training on: <ul style="list-style-type: none"> ▪ Forensic interviewing ▪ Social-emotional needs of very young children (0-3 and 3-6) ▪ Impact of parental substance abuse on very young children ▪ Community resources 	Policies & Funding Policies & Funding Funding Funding & Policies Prioritize Resources Funding Practice Funding Collaboration & Curriculum Development	Long-Term Long-Term Long-Term Long-Term Medium-Term Long-Term Short-Term Long-Term Medium-Term
<ul style="list-style-type: none"> ▪ Secure sufficient funding to ensure continuation of successful services. This includes <ol style="list-style-type: none"> 1. Preventing the elimination or reduction of effective programs by the legislative budget process, 2. Restructuring so that Title XIX funds can be used by CPS for case management 3. Exploring expansion of other Title XIX services to assist children and families in CPS 4. Expanding local child and family services programs statewide 5. Expanding prevention programs. 6. Increasing rates for providers to reflect actual cost of service and ensure annual increases to providers that at least match the cost of living. 	Funding	Medium Term

REPORTS
Subcommittee Recommendations
 As part of the CPS Advisory Commission
 June 30, 2003

	Implementation- Changes Needed	Completion Date
<ul style="list-style-type: none"> ▪ Provide the following for children in out-of-home protective custody <ol style="list-style-type: none"> 1. Comprehensive assessments and treatment services that are easily accessible for the family 2. Services in place at the new location before a child changes placements 3. Placement packets with every child to every placement 4. Notice of all FCRB and court hearings and case staffings to all caregivers 5. Increases in clothing, personal and special allowances ▪ Ensure permanency planning and continued well-being for all children returned home or not by providing the following: <ol style="list-style-type: none"> 1. Provide on-going support services to those children and their families that remain or return home to promote child well-being 2. Increase foster home rates to ensure sufficient placements and quality care 3. Ensure adoptions and guardianship subsidies are sufficient to facilitate permanency (eliminate financial disincentives) 4. Ensure that youth transitioning out of foster care have necessary supports to be successful at completing education, attaining independent living skills and health insurance and succeeding financially. 	<p>Collaboration, Practice & Funding Legislation Funding</p> <p>Funding</p> <p>Funding Funding and Policies Practice & Funding</p>	<p>Medium-Term Long-Term Short-Term Short-Term Long-Term</p> <p>Long-Term</p> <p>Long-Term Long-Term</p> <p>Medium-Term</p>

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ARIZONA GOVERNOR JANET NAPOLITANO

**FINAL Recommendations Prepared for
CPS ADVISORY COMMISSION**

JUNE 30, 2003

RECORDS SUBCOMMITTEE

CO-CHAIR: Tracy Wareing
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CO-CHAIR: Dolores Reid
DES/ACYF

RECORDS
Subcommittee Recommendations
As part of the CPS Advisory Commission
June 30, 2003

	Implementation- Changes needed	Completion Date
VOICE OF THE CHILDREN: LISTEN TO WHAT THEY HAVE TO SAY		
<ul style="list-style-type: none"> ▪ Give careful consideration to protecting the rights of children, including children's privacy rights ▪ Establish a youth advisory board to facilitate input from youth in foster care or those that have aged out of the system. 	Public Policy	Ongoing
OPEN HEARINGS: SUPPORT PILOT PROJECTS		
1. Purpose <ul style="list-style-type: none"> ▪ To increase public awareness of the CPS system ▪ To increase public awareness of the severity and frequency of child abuse ▪ To increase public awareness of the services needed for children and families in these cases 		
2. Support pilot projects <ul style="list-style-type: none"> a. in 5-10% of cases in Maricopa county (SB 1304) b. recommend a pilot in one rural county to determine if there are different issues or increased steps needed in protecting privacy of children and families in smaller communities 	SB 1304 Legislation	Short Medium
3. Recommend that pilot projects include ways to encourage public awareness while balancing privacy of children and others involved in these difficult and sensitive cases	Legislation	Short
4. Recommend pilot projects include ways to handle safety issues of children and adults involved in these cases	Legislation	Short
5. Recommend that cases are presumptively open in pilot with judicial discretion to close the cases based on evidence from the parties <ul style="list-style-type: none"> a. Child victims and their siblings (especially teens) should have a voice in whether or not the hearing should be closed in order to protect them from further victimization b. Certain circumstances surrounding the case (for example, sexual abuse, substance abuse, HIV) may be considered in determining whether or not the hearing should be closed 	Legislation	Short
6. Recommend that court require all attendees not to disclose personally identifiable information	Legislation and Court Practice	Short

RECORDS
Subcommittee Recommendations
As part of the CPS Advisory Commission
June 30, 2003

	Implementation- Changes needed	Completion Date
<p>7. Evaluation and use of the evaluation is critical</p> <ul style="list-style-type: none"> a. Evaluation must consider both positive and negative unintended consequences b. Resources need to be allocated to ensure an adequate evaluation c. Evaluation should look at other states and the national trend toward more openness. <p>8. If evaluation outcomes are positive, AZ should move toward supporting expansion of pilot.</p>	Legislation and Funding	Medium
RECORDS: CHANGE STATE LAWS ABOUT CONFIDENTIALITY OF CPS RECORDS		
<p>1. General</p> <ul style="list-style-type: none"> ▪ There is a need for better access to CPS records ▪ Establish a well-funded administrative process for providing records, which includes an informal review and appeal process, avoiding the need to involve the court whenever possible ▪ Simplify the sharing of information, including clarifying legislation. 		
<p>2. Define what records need to be used by whom for what purposes by establishing broad categories of persons who should have access to information based on their legitimate interests</p>	Legislation	Medium
<p>A. Certain records should be accessible to children</p> <ul style="list-style-type: none"> ▪ Children should be entitled to access all information about themselves (with special consideration given to what is accessible to children who are adopted) ▪ Children should be entitled to easily access all information necessary for their safety, permanency and well-being 	Legislation	Medium
<p>B. Certain records should be accessible to parents and guardians</p> <ul style="list-style-type: none"> ▪ Parents, guardians and custodians should be entitled to access information about themselves ▪ Parents, guardians and custodians should be entitled to easily access information necessary to promote the safety, permanency and well-being of their children ▪ Protocols should be established to handle requests from conciliation court or from parents involved with divorce/custody issues. 	Legislation, CPS Policy/Practice	Medium
<p>C. Certain records should be easily accessible to persons providing custodial care of dependent children</p> <ul style="list-style-type: none"> ▪ To promote the safety, permanency and well-being of children in their care 	Legislation and Collaboration, CPS Policy/Practice	Medium

RECORDS
Subcommittee Recommendations
As part of the CPS Advisory Commission
June 30, 2003

	Implementation- Changes needed	Completion Date
<p>D. Certain records should be easily accessible to service providers for children and families</p> <ul style="list-style-type: none"> ▪ To provide for the safety, permanency and well-being of an individual child ▪ To provide services to parents and guardians ▪ To provide services to family members to strengthen the family ▪ Sharing of information between government and contracted providers should be streamlined ▪ Information should be accessible to service providers in the private sector if they are providing services as part of the case plan or team 	Legislation and Collaboration CPS Policy/ Practice	Medium
<p>E. Certain records should be accessible for the investigation, prosecution and defense of child abuse and neglect</p> <ul style="list-style-type: none"> ▪ All relevant information should be made available to any CPS entity, law enforcement entity, or prosecutorial agency for the investigation and/or prosecution of child abuse or neglect ▪ Once a case is charged, all relevant information should be accessible to the defense to promote due process 	Legislation and Collaboration	Medium
<p>F. Certain records should be accessible to those involved in the prevention of child abuse/neglect and for the safety of all children</p> <ul style="list-style-type: none"> ▪ Certain records should be accessible to those licensing persons who work with children ▪ Certain records should be accessible to those certifying persons who work with children ▪ Certain records should be accessible to employers of persons working with children (via the Central Registry) 	Legislation and Collaboration	Medium
<p>G. Certain records should be accessible to those providing oversight of the CPS system and doing research to improve the CPS system</p> <ul style="list-style-type: none"> ▪ Records should be available for audit and accreditation purposes ▪ Records should be available for external reviews ▪ Records should be available for legislative oversight ▪ Records should be available for litigation (tort) 	Legislation	Medium
<p>H. Certain records should be accessible to those promoting public awareness and knowledge about the child welfare system</p> <p>a. Accuracy of CPS information in the public domain is important and requires confirmation, clarification or correction by CPS</p> <p>b. Certain records should be made available to foster the public's trust in the child welfare system in order to promote the reporting of child abuse and involvement of interested persons</p>	Legislation CPS Policy/ Practice CPS Policy/ Practice	Medium Short Short

RECORDS
Subcommittee Recommendations
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June 30, 2003

	Implementation- Changes needed	Completion Date
c. Certain records should be made available to increase the public's knowledge of the severity and frequency of child abuse and neglect d. Certain records should be made available to increase the public's knowledge of the services needed in the child welfare area I. Certain records should be made available to those other persons who may not fit in an identified category, but who have a legitimate purpose 3. Limitations on public accessibility to records should comply with federal and state law requirements and be as minimal as necessary to protect certain legitimate interests such as: <ul style="list-style-type: none"> ▪ safety of children and families ▪ safety of others involved with the family ▪ privacy interests of the child and family ▪ protection of reporting source 4. There should be immunity to those providing records in good faith.	CPS Policy/ Practice CPS Policy/ Practice Legislation and CPS Practice Legislation and CPS Practice Public Policy and Legislation	Short Short Medium Medium Medium
CPS ACCESS: IMPROVE FLOW OF INFORMATION TO CPS		
<ul style="list-style-type: none"> ▪ CPS should have broader and easier access to information: <ul style="list-style-type: none"> a. Those entities having information about a child or the child's family that will assist CPS in carrying out its duties should be mandated to provide the information to CPS timely b. Entities having information to assist CPS include law enforcement, education, medical and behavioral health c. Protocols should be established by those entities regularly sharing information with CPS (i.e. law enforcement, education, etc) 	Public Policy and Legislation Collaboration	Short/Medium Medium
ELECTRONIC DATA SHARING: JOIN DATABASES ELECTRONICALLY WHEREVER POSSIBLE		
<ul style="list-style-type: none"> ▪ Access to information among child welfare partners by secure electronic means should be encouraged and developed. 	Public Policy and Funding	Long

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ARIZONA GOVERNOR JANET NAPOLITANO

**FINAL RECOMMENDATIONS PREPARED FOR
CPS ADVISORY COMMISSION**

JUNE 30, 2003

JUVENILE JUSTICE SUBCOMMITTEE

CO-CHAIR: Donna Noriega
Administrative Office of the Courts

CO-CHAIR: Pat Trebesch
Attorney General's Office

JUVENILE JUSTICE
Subcommittee Recommendations
As part of the CPS Advisory Commission
June 30, 2003

	Implementation- Changes needed	Completion Date
SHARED MISSION AND ACCOUNTABILITY		
<p>CHILDREN IN THE CHILD PROTECTIVE AND JUVENILE JUSTICE SYSTEMS (CPS, JUVENILE PROBATION, JUVENILE CORRECTIONS, JUVENILES CHARGED AS ADULTS) ARE IN ARIZONA STATE GOVERNMENT SYSTEMS. THE CPS, JUVENILE JUSTICE AND BEHAVIORAL HEALTH SYSTEMS SHARE A MISSION OF SERVICE TO THESE CHILDREN AND THEIR FAMILIES. ARIZONA STATE GOVERNMENT MUST MAKE THE DELIVERY OF SERVICE TO ALL CHILDREN AND FAMILIES IN THE CPS, JUVENILE JUSTICE AND BEHAVIORAL HEALTH SYSTEMS A PRIORITY THROUGH PREVENTION SERVICES TO HELP KEEP CHILDREN OUT OF THE CHILD PROTECTIVE AND JUVENILE JUSTICE SYSTEMS. CPS, JUVENILE JUSTICE AND BEHAVIORAL HEALTH MUST BE ACCOUNTABLE TO THE CHILDREN, THEIR FAMILIES, AND THE OTHER SYSTEMS FOR SERVICES TO CHILDREN IN CPS AND IN THE JUVENILE JUSTICE SYSTEM.</p>		
a. Guidelines must be established to clarify circumstances in which it is appropriate to request dismissal by the court when a CPS child enters ADJC/probation, is deemed a runaway, or is charged as an adult. If the CPS case remains open, CPS should be a part of the transition team. CPS should develop policy to clarify its responsibilities for the cases that remain open.	a. CPS Policy Rules/ Regulations	a. 12/31/2004
b. Juvenile justice professionals need to have a direct link with the CPS hotline in order to prompt cooperative resolutions. They need to speak with a specialized hotline staff who can understand the needs of this population and to identify appropriate action. There needs to be a feedback loop to these mandated reporters on the status of the case and involvement in the case plan, where appropriate.	b. CPS Policy Training	b. 12/31/2003
c. Communication, efficiency and collaboration among and between different systems of care including BHS, CPS, DJC, JPO, AHCCCS and private providers is imperative for handling the unique issues of "system kids" and those at risk for involvement. A coordinated statewide strategic plan with roles and timelines is necessary to facilitate this communication, collaboration and efficiency.	c. Inter-agency Protocol	c. 12/31/2004
d. Co-location of BHS, CPS and other juvenile justice functions should be explored to facilitate the communication and collaboration among and between the agencies impacting youth.	d. Inter-agency Protocol	d. 12/31/2004
e. Joint protocols for dealing with dually adjudicated youth, including policies and procedures for handling all areas where systems interface and developing a position/expert within each agency to address conflicts when protocols fail.	e. Inter-agency Protocol	e. 12/31/2003
f. When a system child is involved with CPS, there needs to be a single, coordinated case plan incorporating the different systems, including juvenile justice, behavioral health and education. The CPS case manager, in consultation with other professionals from these systems, is responsible for the development of the case plan and helping the family to accomplish its objectives.	f. Inter-agency Protocol	f. 12/31/2004
g. Joint staffings for youth involved in multiple systems must include all necessary parties and should be conducted by those able to agree and with the authority to approve necessary services.	g. Inter-agency Protocol/Policy	g. 12/31/2004
h. Exit and transitional plans, as appropriate, need to be a part of all case plans. All systems should begin	h. Policy/	h. 12/31/2003

JUVENILE JUSTICE
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	Implementation- Changes needed	Completion Date
<p>exit planning from day one.</p> <p>i. As a "best practice," information about a child should be completed in full at each placement and follow the child. No provider/placement should receive a child without information about the last placement or provider of service or birth home (if first placement).</p>	<p>Inter-agency Protocol</p> <p>i. Inter-agency Protocol</p>	<p>i. 12/31/2004</p>
PREVENTION/EARLY INTERVENTION		
<p>Child abuse/neglect is a frequent precursor of subsequent involvement in the juvenile justice system. Child abuse prevention and early intervention services must be provided up front to all children at risk for juvenile justice involvement. BHS and other systems must include a focus on prevention and early intervention to keep children out of the child protection and the juvenile justice systems and more resources should be dedicated to this focus.</p>		
<p>a. A multidisciplinary team must be established for all identified youth at risk of continued juvenile justice involvement. This team must be created at the onset of the child coming to the attention of the juvenile justice system. Collaboration with CPS and BHS is critical.</p> <p>b. Services should be available and accessible without legal action. Neither the juvenile justice nor child welfare systems should endorse petitions as a means of prompting services.</p> <p>c. Child resource staffings or something similar should be available statewide and utilized more often (increased marketing may help) to assist in identifying appropriate interventions for children and families in need of services and provide access to services without court intervention. There can be several different entrance points, but participation is voluntary.</p> <p>d. Participation in a child resource staffing should be a mandatory step prior to the filing of a private dependency petition. The goal is to decrease private dependency petitions and court involvement.</p> <p>e. The community and behavioral health services need to address issues related to incorrigibility, and the system needs to address the competency of young offenders. Children should not have to commit delinquent acts to receive mental health or substance abuse treatment.</p> <p>f. Siblings should also be provided with services, as it is often a precursor to their own delinquency.</p> <p>g. JPO and ADJC need access to parent locators and other information related to searches for relative placements. In order to properly assess parents, we must be able to find them first.</p> <p>h. Alternatives should be developed to avoid placing a child in detention or calling the police when a crisis occurs within a placement that may cause it to disrupt. The state should enact "no dumping" policies that provide for respite, training of protective care placement staff and crisis counseling in residential and sub-acute care facilities. All providers should receive a face sheet with the placement packet detailing the child's individualized crisis plan.</p>	<p>a. Inter-agency Collaboration</p> <p>b. Inter-agency Protocols/Training</p> <p>c. Inter-agency Collaboration/Protocols</p> <p>d. Legislation/Rules Resources</p> <p>e. Inter-Agency Collab/Protocols</p> <p>f. Policy/Int Agency Protocols</p> <p>g. Policy/Int Agency Protocols</p> <p>h. Policy, Inter-agency Collaboration/Training</p>	<p>a. 12/31/2004</p> <p>b. 12/31/2004</p> <p>c. 12/31/2004</p> <p>d. 12/31/2004</p> <p>e. 12/31/2004</p> <p>f. 12/31/2004</p> <p>g. 12/31/2003</p> <p>h. 12/31/2004</p>

JUVENILE JUSTICE
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HEALTH CARE SYSTEMS		
<p>Comprehensive Health Services should be provided for all children in Arizona State Government Children's "systems"(CPS, juvenile probation, juvenile corrections, Juveniles charged as adults). Behavioral Health services must be an integral part of service to these children. Comprehensive health services to these children at a minimum should include:</p>		
a. Early, up front screening/assessment through a multidisciplinary process to determine if treatment is needed.	a. Policy	a. 12/31/2004
b. Assessments conducted for all health services, including behavioral health care, parenting education, family preservation, substance abuse treatment, etc. for all kids in "systems".	b. Policy/ Resources	b. 12/31/2004
c. Immediate intervention and ongoing assessment for future mental and physical health needs	c. Policy	c. 12/31/2004
d. Home and community based, family centered services must be developed and available in all areas of the state with accessibility to a full continuum of services.	d. Inter-agency Collaboration/ Resources	d. 12/31/2004
e. Families must be involved in all aspects of service development.	e. Interagency Protocol/ CPS Policy	e. 12/31/2003
Specific to Behavioral Health		
a. Gender appropriate, culturally appropriate, language appropriate behavioral health services must be provided	a. Policy/Service Development	a. 12/31/2004
b. BHS must develop in collaboration with professionals in CPS and juvenile justice mandatory timelines with appropriate access to behavioral health services for children and families, and require the RBHA's to comply with BHS timelines for mental health services.	b. Inter-agency Collaboration	b. 12/31/2004
c. Require CPS and BHS to share responsibility to meet legal mandates related to case plan completion	c. Int-agency Collab	c. 12/31/2003
d. Children in CPS and/or juvenile justice must be supported by other services including parenting skills, relationship building and other life skills.	d. Inter-agency Collaboration	d. 12/31/2003
e. Certain situations must be prioritized by BHS as urgent to allow for quick access to a full array of appropriate behavioral health services (runaway, group home crisis, release from an institution, removal from home, etc) Urgent/emergency behavioral health services must be available, provided up front and as needed.	e. Inter-agency Collaboration/ Resources	e. 12/31/2003 - 12/31/2004
f. Provide all juveniles in detention and ADJC secure care facilities with behavioral health services. This may include screening, intake planning, transitional planning, crisis management and other treatment. BHS intakes, psychiatric, and other relevant behavioral health services must be provided in detention and ADJC secure care facilities. Services must also be available as a bridge into the adult system or as the child ages out of care.	f. Legislation	f. 12/31/2004
g. Consistent access to behavioral health services must be available in all regions of the state. Where	g. BHS Policy	g. 12/31/2004

JUVENILE JUSTICE
Subcommittee Recommendations
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capacity for service delivery is not available, RBHAs and BHS must make accommodations to meet the individualized needs of the child.		
INVOLVEMENT OF FAMILIES IN “STATE SYSTEMS”		
Relationships with siblings and significant others are more important than relationships with systems. The public policy of the state should be that children in the CPS and/or the juvenile justice system should maintain close contact with their siblings and significant others. Treatment professionals should be able to make decisions in individual cases where contact is not appropriate or unsafe.	Policy	12/31/2003
Services should be planned and delivered in consultation with parents and other family members. They must always be at the table, unless deemed unsafe for the child.	Policy, Inter-Agency Collaboration	12/31/2003
When parents are not available to make treatment decisions for detained or incarcerated children, a process should be developed to allow certain youth of appropriate age to make decisions about their medical care, educational services, etc when appropriate.	Legislation	12/31/2004
FUNDING		
a. Seek funds/waivers from CMS to help with cost of assessments and treatment of children while in secure care/detention. Title XIX eligibility could be suspended while in custody, with no interruption in services.	a. Federal mandate waivers	a. 12/31/2004 – 12/31/2006
b. Increase utilization of Title XIX and Title XXI covered services where appropriate, and begin targeted case management funding for case managers in CPS and juvenile justice systems.	b. Policy/Int-agency Collab	b. 12/31/2004
c. Adequate resources are needed to address the needs of sex offenders. Current resource allocation is not enough; need to earmark funds for this population.	c. Legislation/ Funding	c. 12/31/2004 - 12/31/2006
d. Courts must consider financial responsibility by parents of children in the juvenile justice and child welfare systems given the limited services and resources available. Parents should bear some costs of care, based on ability to pay. This cost should mirror child support guidelines and apply to all children, including those children in juvenile justice or child welfare systems. Better coordination between child support enforcement and CPS/Juvenile Justice is needed. We should consider privatizing the collections system in order to collect monies that have been assessed if resources are not dedicated to this effort.	d. Policy/ Legislation	d. 12/31/2003 - 12/31/2004
e. Assess the ability to use IV-E for juvenile justice placements including prevention.	e. Policy/ Inter-agency Protocols	e. 12/31/2004
f. Presumptive eligibility for Title XIX services should be mandated for children who enter CPS and juvenile justice systems.	f. Policy	f. 12/31/2004

JUVENILE JUSTICE
Subcommittee Recommendations
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	Implementation- Changes needed	Completion Date
TRAINING/PROFESSIONAL STAFF DEVELOPMENT		
Comprehensive training and professional development for all behavioral health, juvenile justice, child welfare, and community provider staff is necessary to promote the linkages and cooperation within our systems.		
a. A curriculum for employees in CPS, DDD, JPO, DJC, BHS, AHCCCS, DOE, education and community providers should be established. New workers must be trained early to develop skills to work with system kids. This training should provide information about their daily job, and on the interaction with other systems. Mentoring by more experienced staff should be provided to all newly hired staff.	a. Inter-agency Collaboration (including universities)	a. 12/31/2004
b. Specialized training is also needed for certain areas, including: urban issues (those dealing with isolation issues, movement between providers etc.), sex offenders, adult charged youth, etc. All training should be culturally, language and gender appropriate.	b. Inter-agency Collaboration	b. 12/31/2004
c. Providers involved in juvenile justice and CPS needs to be appropriately trained to deal with the special needs of these children. This includes foster homes, group homes or other protective care settings.	c. Inter-agency Collaboration	c. 12/31/2004
d. Continuing education needs to be provided/encouraged to promote retention of CPS staff. There needs to be incentives to obtaining additional education/skills.	d. Policy	d. 12/31/2004
e. Staff development for all providers, including private providers must be a top priority. We must work with universities to develop the capacity of the staff to work with these special groups of kids/families.	e. Inter-agency Collab/Policy	e. 12/31/2004
f. In order to make any system of care work, we need to build a professional workforce of dedicated, stable staff that interacts directly with children and families. Eliminate barriers to recruitment and retention of quality staff to reduce turnover.	f. Policy/Funding	f. 12/31/2004
JUVENILE SEX OFFENDERS		
Comprehensive Services must be available to juvenile sex offenders to prevent further escalation and maintain community safety.		
a. There should be an age appropriate tool for evaluating juvenile sex offenders.	a. New tool development	a. 12/31/2004
b. For dually adult-charged-youth sex-offenders/dependent children, the community notification requirement should be at the courts' discretion. This existing community notification requirement frequently limits or jeopardizes placements. The statute should be modified to allow court discretion to impose the community notification requirement at the point the child turns eighteen. As an alternative to community notification for adult-charged-youth sex-offenders/dependent children, legislation should be enacted that creates sheriff-only notification for these children.	b. Inter-agency Collaboration & Legislation	b. 12/31/2004
c. We need adequate resources to address the needs of juvenile sex offenders. Current resource allocation is not enough; need to earmark funds for this population.	c. Legislation/ Funding	c. 12/31/2004 - 12/31/2006

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ARIZONA GOVERNOR JANET NAPOLITANO

**FINAL RECOMMENDATIONS PREPARED FOR
CPS ADVISORY COMMISSION**

JUNE 30, 2003

STRUCTURE SUBCOMMITTEE

CO-CHAIR: Noreen Sharp
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STRUCTURE
Subcommittee Recommendations
 As part of the CPS Advisory Commission
 June 30, 2003

	Implementation- Changes needed	Completion Date
<p>ABOUT IMPLEMENTATION</p> <p>Arizona must meet challenges associated with clarifying expectations, including:</p> <ul style="list-style-type: none"> ▪ Development of best practice models as standards of operation -- this will include outcomes related to accountability, continuous quality improvement, and review of service utilization. CPS is already in process of developing these standards as required by the Department of Health and Human Service in connection with the National Child and Family Review process, and the accreditation of the DES case management system. ▪ Involvement of all affected agency staff to the greatest extent possible for quality of implementation ▪ Focus on management and administration for appropriate operations and stewardship – this would include focus on equality in case management standards and salaries to eliminate the current job dissatisfaction associated with the disparity as to salary and caseloads among and between departments. ▪ Development of key measures of system improvements, including reduction of case manager workload standards, collaboration as to information sharing, and all appropriate quality management standards on child safety, permanency, and well being. ▪ The entire restructuring must be carefully implemented and evaluated at multiple steps along the way by an independent professional entity or specifically appointed individuals. <p style="text-align: center;">CHANGES REGARDING CPS</p> <p>ARIZONA SHOULD SEPARATE THE DIVISION OF CHILDREN, YOUTH, AND FAMILIES (CHILD PROTECTIVE SERVICES AND RELATED CHILD WELFARE SERVICES) FROM DES INTO A SEPARATE DEPARTMENT AND A FULL CABINET POSITION, TO EMPHASIZE THE IMMEDIACY OF SAFETY AND PROTECTION OF CHILDREN FROM ABUSE OR NEGLECT OR THE RISK OF ABUSE OR NEGLECT.</p> <ul style="list-style-type: none"> ▪ Emphasis on safety requires a full array of child protection services – prevention, intervention, family preservation, permanency, and removal from family when necessary. The new department, therefore, would be responsible for this full array of child protection and child welfare services. ▪ The new department would include ancillary, related, and necessary services, i.e. licensing, case management of children with developmental disabilities in protective care, and possibly childcare. ▪ Case management staff must have appropriate workloads and salaries to meet their important duties – they need appropriate professional education as well as ongoing training and equipment to do their jobs and remain in their jobs. ▪ The new department must be appropriately funded and equipped to meets its mission. 	Not applicable	Not applicable
	Legislation; administrative realignments	18 months – medium range, but start developing legislation immediately

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**FINAL RECOMMENDATIONS PREPARED FOR
CPS ADVISORY COMMISSION**

JUNE 30, 2003

HEALTH SUBCOMMITTEE

CO-CHAIR: Hank Radda
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CO-CHAIR: Anne Ronan
Arizona Center for Disability Law

HEALTH
Subcommittee Recommendations
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	Implementation- Changes needed	Completion Date
<p style="text-align: center;">PRINCIPLES FOR CHILD WELFARE SYSTEM</p> <p>OVERRIDING GOALS</p> <ul style="list-style-type: none"> • Protect children from abuse and neglect • Help children live safely with their families when possible • Facilitate the healing of children and their families • Ensure stability and permanency in the child's living situation • Ensure success in school • Enable children to grow to be stable productive adults. <p>GENERAL PRINCIPLES</p> <ul style="list-style-type: none"> • The Child Welfare System's role in the prevention of child abuse and neglect is PRIMARY. Prevention begins before birth. The financial and organizational structure of the system must ensure that a substantial amount of the system's funding and human resources are devoted to providing services to families at the front end to prevent abuse and neglect. • The measure of success of the system is whether children are healthy and living in stable family homes. The system regularly looks at whether the services provided are effective in meeting families needs, and contracts only for those services that are effective. • The system regularly hears from the children and families they serve, and their voice informs the design and work of the system. • It is essential for the well being of children who are at risk of removal or who are in child welfare custody that their existing relationships with family, friends, teachers and neighbors be maintained. Therefore, if removed from their home they should be placed with extended family in their own neighborhoods or communities, with their siblings. <p>The system would thoroughly understand child development theory and the impact of trauma on children at the different developmental stages, from infancy to adolescence. The system would understand that children's physical, emotional, and mental well being are inter related and that all areas of development must be given priority in planning and service intervention and that to focus on one area of development to the exclusion of others will not be successful.</p>	Not Applicable	Not Applicable

HEALTH
Subcommittee Recommendations
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June 30, 2003

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<ul style="list-style-type: none"> • The system would be able to respond quickly, with timely and appropriate interventions. • The system would have the capacity to support families with disabilities in caring for their children, including parents with mental illness and substance abuse disorders. • The system's need for confidentiality would not over ride the need to work cross systems and to share important information with health care providers, schools and treatment providers. • The system must ensure that services and supports respect the language and cultural differences of the families it serves. <p>What would a child welfare system look like if it were meeting the needs of children and families?</p> <ul style="list-style-type: none"> • Services would be available to children and their families to prevent abuse and the corresponding mental, physical and emotional trauma and provide for effective early intervention when identified risk factors are present, without the need for diagnosis or pathology. The role of the primary health care providers is critical in identifying and preventing abuse. • The system would readily and competently assess the safety concerns for the child and family and structure planning and interventions to ensure the child's safety. This assessment would recognize the significance of domestic violence, substance use and mental illness in their families and communities. • The system would have basic knowledge of health care, domestic violence, mental and physical health of children, child developmental, and substance abuse theory and ready access to professionals who were experienced in working with families with mental health, substance abuse, including dual disorders, and domestic violence issues. • The children and their families would have access to a full continuum of services that would allowed families to safely stay together if possible and receive services as a family, and would address their physical, emotional, social and educational needs. • The system would recognize that attention to a child's primary health and dental care is essential to their success in school and their ability to develop permanent relationships. 	Not Applicable	Not Applicable

HEALTH
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<ul style="list-style-type: none"> The system would understand the critical need for a primary care giving relationship and the need for permanency in that relationship. The system provides stable homes for children. Out of home placements, if necessary, will operate on sound child development theory and practice and will be designed to nurture and protect children The system would recognize that substance abuse, mental illness and domestic violence issues affect families as a whole and therefore the interventions should recognize that interrelation and work with the family unit. Plans for children and their families would incorporate the long-range goals of the child and family with an emphasis on safety and stability. Interventions would be sufficient in intensity to reach long range goals. Services would have the ability to integrate interventions for all issues in a family focused way. Interventions would address the cause and not just symptoms. The system's response to families would recognize their unique family culture. 	Not Applicable	Not Applicable
AHCCCS ELIGIBILITY FOR AT RISK AND CPS CHILDREN, AND OUTREACH TO ELIGIBLE CHILDREN		
1. Deliver health services for all children who are receiving services from CPS or who are in dependency protective care, prior to the Title XIX and Title XXI AHCCCS eligibility determination. Eligibility for and delivery of health services should continue for children who are adopted or who have permanent guardians. Arizona should explore presumptive or categorical AHCCCS eligibility for these children.	Policy Federal waivers	Short term
2. Expedite Title XIX and XXI AHCCCS eligibility and delivery of health services for all children and their families who are at risk of or in CPS out of home care.	Policy/Practice	Short term
3. Require AHCCCS health plans to outreach to families enrolled with their plan who are at risk of or in CPS out of home care, and provide necessary primary health care support to the children and families. Provide education to the primary health care providers on the unique needs of children and families involved with child welfare. Review the current financial structure to ensure that primary health care providers are able to provide primary behavioral health interventions.	CPS policy (to inform health plans)	Mid term

HEALTH
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<p>Rationale</p> <ul style="list-style-type: none"> Some children come into CPS custody that are not enrolled for Title XIX/XXI and it takes the eligibility unit some time to complete the process to get them enrolled. It is often necessary to provide services to these children immediately and CPS must use limited state dollars. Presumptive eligibility will help with bring in more federal dollars. (If there is an issue with the terminology of presumptive eligibility, the underlying concept is that the majority of children will become eligible – so the programs can designed to accept and serve the children first then the funding stream could be determined.) In order for expedited eligibility to be successful we must solve the problem that currently exists for children who are enrolled with one of the AHCCCS health plans when they come into care. CPS is responsible for their care, but the health plans are as well, at least for the first 30 days. CPS and the health plans battle over who has responsibility for the child's care. That health plan continues to receive the Medicaid dollars in their monthly check from AHCCCS, however CMDP must provide the service, therefore state funds are used while waiting for the child to be transferred to CMDP Some at risk families don't know how to apply for AHCCCS. For some children with serious health issues, attention to their health care concerns could eliminate the need for CPS involvement Many at risk families are enrolled in AHCCCS health plans and those plans should be outreaching to these families. Since the majority of the children and families are TXIX eligible, the services should be designed using blended funding streams, according to models that child welfare has found effective, such as: Intensive Family Preservation, Reunification Services, etc (see appendix) <p>4. Explore adopting the Medicaid option made available through Tax equity and Fiscal Responsibility Act of 1982 which allows states to provide home and community based services to children with mental disabilities living at home.</p>		

HEALTH
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	Implementation- Changes needed	Completion Date
BEHAVIORAL HEALTH: CONTINUOUS ENROLLMENT FOR AHCCCS ELIGIBLE CHILDREN AND CHILDREN AT RISK		
1. Ensure that children and families at risk of out of home care, those placed out of home, and children on return home or to other permanent placement (guardianship and adoptive placements), remain eligible and enrolled in the behavioral health system. Eliminate any policy or practice, which encourages or requires eligible children to be disenrolled.	CPS and Behavioral Health Policy/Practice	Short term
2. Ensure that enrollment in behavioral health services is continuous for eligible children so that they and their families have continuity of behavioral health services. Support good clinical practice, which recognizes the significance of maintaining a trusted therapeutic relationship and those families should be served together.	BHS policy	Short term
SERVICE DEVELOPMENT – PRIMARY AND BEHAVIORAL HEALTH SERVICES		
1. Develop of a full array of services and supports to: <ul style="list-style-type: none"> a. intervene early and support children and their families with services that have been proven effective in keeping children in their own homes and avoid out of home care, b. support out of home placements to ensure children are placed in safe, nurturing and “home like environments” and only experience one placement until a permanent home is established, and c. Provide support for children and families when they transition from CPS care. d. Ensure that families have the same choice of quality providers of behavioral health services that is available to families in the primary and acute care system. AHCCCS and ADHS must develop a strategic plan to ensure this choice. e. Establish a Youth Advisory Board to evaluate the service array, effectiveness and acceptability of services. 	Policy and Funding	Mid term
2. CPS should lead the identification of the array of services and supports that must be available and the on going assessment of whether those services are adequate and available for the population served by CPS. (See attachments – current services and best practice models).	Policy/Practice	Mid term
3. This service development plan must address: <ul style="list-style-type: none"> a. Development of necessary support services to ensure children do not experience more than one placement if placed out of home. b. The capacity of the system to provide services developed to this unique population. 	Policy/Practice	

HEALTH
Subcommittee Recommendations
As part of the CPS Advisory Commission
June 30, 2003

	Implementation- Changes needed	Completion Date
<ul style="list-style-type: none"> c. Development of significant capacity for relative care and foster care to shift from the over use of institutional care, shelters, group homes and residential treatment centers. d. The ability of the community to provide services to these families. e. Coordination between and among different systems of care – AHCCCS, BHS, CPS, juvenile justice, private insurance, community providers, etc. 		
ADEQUATE FUNDING AND REIMBURSEMENTS TO SERVE AT RISK CHILDREN AND THOSE IN OUT OF HOME CARE AND THEIR FAMILIES.		
<ul style="list-style-type: none"> 1. Review financing structures to ensure there are no disincentives to serving children in CPS and their families and remove barriers to service. The financing must recognize that these children and families may require higher levels of services and supports, and rates must reflect that higher level of care. This review must be done jointly with DES, AHCCCS and DHS, and juvenile probation/corrections as appropriate. 2. Include in the contracts between AHCCCS and DES and DHS that the primary and behavioral health systems must provide specific services for children and families at risk of removal, in care and those returned home, and include special rate structures to adequately fund these high need children and families. 3. Adequate funding is critical to provide timely, appropriate, quality services. Rates paid to providers for children and families need to be assessed regularly by a joint review of DES, AHCCCS and DHS to ensure they are adequate to support the array and of services needed and the capacity of providers to meet the need. 4. Ensure that adequate data systems are in place to capture the necessary cost information to support the funding. 	<ul style="list-style-type: none"> Funding and Collaboration Collaboration and Funding Funding 	<ul style="list-style-type: none"> Mid term Short term – Mid term Short term – Mid term Mid term
PRIMARY ASSESSMENT TEAMS – PRIMARY HEALTH, BEHAVIORAL HEALTH, EDUCATIONAL AND DEVELOPMENTAL NEEDS		
<ul style="list-style-type: none"> 1. A primary assessment team should be created to be available 24/7 to all child welfare intake staff. The team must have the capacity to do immediate primary health care assessment, mental health assessment, educational assessment and developmental assessment of the child and family in every 	Collaboration, CPS policy and Funding	Mid term

HEALTH
Subcommittee Recommendations
As part of the CPS Advisory Commission
June 30, 2003

	Implementation- Changes needed	Completion Date
<p>CPS investigation, and should include persons knowledgeable as to domestic violence issues. In addition, the team must be able to provide short term intervention for health care and behavioral health care needs of the child and family, to stabilize a crisis, assess safety, develop a plan to avoid removal of the child, and assist the staff in making appropriate placement decisions, if out of home placement is necessary. This team would begin the process of establishing a child and family team to develop the assessment and plan for behavioral health services.</p> <p>2. Assessment must start with a solid primary care assessment from which other assessments and interventions are developed. It is important to know the child's primary health care needs and developmental progress in order to determine the impact of these needs on the behavioral and emotional presentation of the child.</p> <p>3. CPS staff and protective caregivers need continual training on screening/identifying the critical health care issues that arise from abuse/neglect, removal, unmet physical and behavioral health needs domestic violence, substance abuse, education and poverty. They need the resources to meet the needs of the children in care. Each of the systems that impact children in child welfare have a body of literature that support key - identifiable issues that need to be addressed. The CPS workers needs to be expert in child welfare; however, they need to know the essential issues that arise for this population and have readily available the resources for comprehensive assessments and services if they screen/identify any of the primary issues that need to be addressed by another system of care.</p>	<p>Practice</p> <p>Training, Collaboration and Funding</p>	<p>Mid term</p> <p>Mid term</p>
IMMEDIATE SUBSTANCE ABUSE TREATMENT, DOMESTIC VIOLENCE INTERVENTIONS, TREATMENT FOR MENTAL ILLNESS, TREATMENT TO ADDRESS ATTACHMENT DISRUPTION, TRAUMA, GRIEF AND LOSS SERVICES FOR CHILDREN AND FAMILIES AT RISK OR IN CARE		
<p>1. Children and their families who are at risk of, or who are placed in out of home cares should have access immediately to appropriate services as soon as CPS identifies them. At a minimum the services that must be immediately available are: Substance abuse treatment [which includes treatment for both drug and alcohol abuse], domestic violence interventions, treatment for mental illness, treatment to address attachment disruption, trauma, grief and loss.</p> <ul style="list-style-type: none"> Domestic violence: CPS case managers must have knowledge of and access to domestic violence services and shelters. DES must create collaborative agreements with domestic violence providers to ensure availability of services. The agreements should establish costs and accessibility criteria. They need to be able to access experts in domestic violence to assist in the assessments of family's needs. 	<p>Collaboration</p>	<p>Short term</p> <p>Mid term</p>

HEALTH
Subcommittee Recommendations
As part of the CPS Advisory Commission
June 30, 2003

	Implementation- Changes needed	Completion Date
<ul style="list-style-type: none"> Substance abuse treatment: Continue the implementation and increase funding of Arizona Families F.I.R.S.T., the specialized substance abuse treatment services that were designed for families at risk or involved with child protection. Funding streams for these services should blend to combine individual treatment with family centered practice. The dual focus of substance abuse treatment, giving parents the opportunity and demonstrating reasonable efforts, both result in the outcome of permanency for children. <p>Example: Children coming into CPS have been abused and neglected, are further traumatized by removal or threat of removal from their homes. For their parents, once the child is taken into care, the parents have between the 12 month (permanency) and the 15/22 months (child in out of home care) to demonstrate their ability to parent. Since substance abuse is such a large issue we must have the specialized treatment available to give them a good chance to make improvements (reasonable efforts).</p> <p>2. Treatment for children exposed to substances in utero.</p>		Short term
IN HOME SUPPORT SERVICES		
In home supportive services-individualized and appropriate- must be provided to families (natural families, foster families, relatives and adoptive families) to assist with placement preservation and to support the functioning of the child and family. These services must be made available to families 24 hours/day 7 days a week. These teams should be available, without prior authorization, to do whatever it takes to stabilize the situation, access primary health care, teach skills, and provide respite and behavioral coaching. Some members of the committee believe that it is essential that the team include a masters level clinician.	Policy, practice	Short term – Mid term
PRIMARY HEALTH CARE		
1. Each child in care should be assigned a primary care physician who is knowledgeable about the health care <i>issues of children in protective care</i> . CPS should recruit and train a network of physicians to provide care to children in care.	Policy and practice	Short term – Mid term
2. For children with complex medical needs, CPS staff should have available personnel who working in conjunction with primary health care team and the primary care physician can assess the needs of the child and family and ensure that all necessary assessments and follow up care is provided.	CPS policy	Short term – Mid term

HEALTH
Subcommittee Recommendations
As part of the CPS Advisory Commission
June 30, 2003

	Implementation- Changes needed	Completion Date
RECRUITING, TRAINING SKILLED PROFESSIONALS		
1. Implement an aggressive plan to recruit, train and retain professionals with knowledge and expertise to serve these families, including engaging the universities and junior colleges. These professionals include: physicians, social workers, counselors, therapists, educators and professional others who may be involved in the case plan for the child.	Policy (R&D) and collaboration	Mid term – give example
2. Maximize the capacity that we already have and eliminate barriers, including those in the credentialing process, to allow these professionals to see children as appropriate.	Collaboration and Policy	Short term
3. Provide support, training and interventions to the child welfare case workers to deal with primary and secondary trauma. This would include CISD interventions and training on personal safety.		
SYSTEM CAPACITY AND COLLABORATIVE COMMITMENT		
<p>There must be either contractual responsibility or through organizational structure a clearly stated overall obligation of government agencies serving these children to meet the specialized needs of child the welfare population as a unique subgroup. Hold the executive agencies accountable for collaboration and serving shared children and families. This includes more specifically:</p> <ol style="list-style-type: none"> <i>Providing services in accordance with the child welfare case plans and the ability to conform to child welfare treatment timelines: When the child is involved with multiple systems, the case plans are developed collaboratively.</i> Federal and state mandates drive the time frames for case plans and the overall efforts to reunify or find permanency. CPS must meet these timeframes and efforts as an agency CPS is held accountable for federal and state mandates – both CPS and the organization providing the services must share responsibility to meet timeframes together One part of the services is directed to individual service needs The other is towards the services promoting the unification with the family or permanency Both of these must be worked on simultaneously to benefit both the child and the family <i>Demonstrating competency, appropriate staffing and resources</i> by the state government agency or the organization with which it contracts to meet the needs of this unique population This population includes children in foster care, adoption subsidy, and those involved in guardianship – all require specific expertise 	Policy, possible legislation	

HEALTH
Subcommittee Recommendations
 As part of the CPS Advisory Commission
 June 30, 2003

		Implementation- Changes needed	Completion Date
9.	All these children have 3 to 5 times greater chance of developing behavioral and emotional problems		
10.	These children need competent staff and the appropriate staffing and resources from the day they are placed in care – they can't afford to wait		
11.	As a system, we do not have the luxury of waiting for services to be developed with appropriate staff and competent staff		
12.	<i>Providing the child welfare agency with data and information required under federal child welfare law and collaborate at the federal level and state law</i> on the appropriate purchasing specifications for children in out-of-home care		
13.	Federal and state mandates can be tracked more efficiently, when the organizations working on the mandates have the same responsibilities to track the same data and information, and		
14.	To provide the specified services as required by the federal government of the child welfare agency		

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ARIZONA GOVERNOR JANET NAPOLITANO

**FINAL RECOMMENDATIONS PREPARED FOR
CPS ADVISORY COMMISSION**

JUNE 30, 2003

EDUCATION SUBCOMMITTEE

CO-CHAIR: Terri Martin
Attorney General's Office

CO-CHAIR: Ruth Solomon
AZ Department of Education

EDUCATION
Subcommittee Recommendations
As part of the CPS Advisory Commission
June 30, 2003

	Implementation- Changes needed	Completion Dates
<p>The mission of the Subcommittee on Education was to recommend improvements to the child protection and/or education systems, including the following areas: information sharing and accessible school records, need for children in protective care to remain in same school if possible, and special education issues of children in protective care.</p> <p>Due to the unique education issues of children in protective care, the subcommittee focused its discussions and recommendations in two large general areas – education issues related to all children in protective care, and education issues related to children with special education needs in protective care. Both of these two broad areas are equally important. These recommendations, therefore, are presented according to whether they pertain to all children in protective care, or only those children with special education needs.</p>		
PART I: EDUCATION ISSUES FOR ALL CHILDREN		
<p>1. SAME SCHOOL Children should remain in the same school or if that is not possible, receive instruction as consistent as possible with previous instruction, given this is one of the few stable areas of a child's life.</p> <p>a. CPS should have a foster or protective care system with multiple placement options so that a child can stay in the same school and same community.</p> <p>b. CPS should collaborate and coordinate with the school district and/or individual school to transport a child to the school he/she was in before removal.</p>	<p>Legislation (McKinney Vento could help with language) Collaboration</p>	<p>Medium</p>
<p>2. MANDATORY REPORTING /COLLABORATIVE FOLLOW UP CPS and the CPS hotline should accommodate reports from school personnel as to suspected abuse or neglect as follows:</p> <p>a. Persons who handle calls from school personnel should be specially trained to ask appropriate questions to elicit necessary information for decision making. School personnel (including early childhood educators and service providers), as professional mandated reporters, should have an alternative "reporting portal" at the hotline to relieve some of the time burden now involved in making a hotline report.</p> <p>b. CPS and school personnel should collaborate on an assessment/report format that school personnel and CPS will use as a guide in making/taking a call about abuse or neglect, so that the needs of the child are analyzed as thoroughly and as quickly as possible, and the child's family can be referred to other services if CPS does not investigate.</p> <p>c. All mandatory reporters, including school personnel, should hear from CPS as to the result of the</p>	<p>Policy and Collaboration</p>	<p>Medium</p>

EDUCATION
Subcommittee Recommendations
 As part of the CPS Advisory Commission
 June 30, 2003

	Implementation- Changes needed	Completion Dates
<p>investigation and have the opportunity to consult CPS or another appropriate person in DES if he/she thinks the CPS result is not in the best interests of the child's safety and well being.</p> <p>d. A child's teacher and other school/AZEIP service provider contacts should be as fully engaged in the CPS investigation as possible – consulted by CPS, used as a resource in making a decision as to the safety and well being of the child, etc.</p> <p>e. Improve the availability of CPS staff who are able to converse in the family's native language and are sensitive to cultural variations.</p>		
<p>3. COMMUNICATION AND LIAISONS CPS, EDUCATIONAL PROGRAMS (I.E. SCHOOLS, EARLY HEAD START, HEAD START, EARLY INTERVENTION, PARENTS AS TEACHERS, ETC.) OTHER STATE AGENCIES, AND COMMUNITY PROVIDERS SHOULD BE IN CONTINUAL COMMUNICATION ABOUT A CHILD'S PROGRESS AND NEEDS, WHETHER THE CASE IS UNDER INVESTIGATION OR THE CHILD/FAMILY IS RECEIVING CPS SERVICES, OR THE CHILD IS IN CPS PROTECTIVE CARE.</p> <p>a. CPS should have one or more education liaisons trained to work with all educational programs on key issues. ADE and school districts should consider having CPS liaisons trained to work with CPS on key issues.</p> <p>b. CPS and schools should ensure that children in protective care are not overlooked for evaluations as to a disability or need for services due to perceptions as "short timers."</p>	<p>Collaboration</p> <p>Funding</p> <p>Policy/Practice</p>	<p>Short</p> <p>Medium</p> <p>Short</p>
<p>4. SUBSTANCE EXPOSED NEWBORNS Children with Fetal Alcohol Spectrum Disorder (FASD) require special education services, therefore should be considered to be a part of the definition of a substance exposed newborn. If diagnosed shortly after birth, it should be considered as a basis for a finding that a child is "at risk" for abuse or neglect.</p>	<p>Legislation</p>	<p>Medium</p>
<p>5. PARENTAL/CAREGIVER INVOLVEMENT For children receiving in home CPS services, CPS and others should facilitate and encourage parental involvement or the involvement of those who have physical custody of the child, in the coordination, development and implementation of the child's individualized case plans. This would include aligning the multiple case plans (CPS, IEP, IFSP, DD, etc) so they are consistent, and not duplicative or conflicting.</p>	<p>Public Policy/ Collaboration</p>	<p>Short</p>

EDUCATION
Subcommittee Recommendations
As part of the CPS Advisory Commission
June 30, 2003

	Implementation- Changes needed	Completion Dates
6. RECORDS AND COORDINATION OF SERVICES CPS and educational provider representatives must work together to develop laws, protocols, authorizations, and practices so that appropriate records and information are promptly obtained/exchanged by/between CPS and schools/early intervention and other providers, whether the case is still under investigation or the child is already receiving CPS services. <p>a. DES, DHS AOC, ADJC, and the schools, with leadership from the Governor, should investigate the technology available to aid in the prompt, appropriate sharing of information about children who are at risk or receiving CPS services.</p> <p>b. There should be no “holds on education records” due to failure of the parent to pay school related fees. Legislation is needed to clarify the law and how/who will enforce this law if a district violates it. Timeframes should also be developed to ensure sharing of information in a timely manner.</p> <p>c. All providers, including schools, private providers of services, early intervention, juvenile justice and CPS, should collaborate on the case plans to incorporate each of the child’s individual needs from that provider. Parents and physical custodians should also be included in the development and implementation of the case plans, where appropriate.</p>	Legislation Funding Legislation Collaboration	Medium Long Medium Short
7. EVALUATION AND TESTING Schools/preschools, early intervention, CPS and others (including juvenile justice and health programs) must share evaluations, assessments and tests so that multiple systems do not engage in multiple, duplicative and unproductive practices, resulting in no meaningful services to children.	Legislation	Medium
8. ATTENDANCE CPS should work with the community and educational programs so that children at risk of abuse or neglect or those in protective care get in school/preschool and stay in school/preschool or receive appropriate early care and education, including early intervention services. <p>a. State law should allow a child receiving CPS services to attend a school in the district of the caregiver.</p> <p>b. CPS should get children under age 5 in pre-school programs such as Early Head Start, Head Start, or when appropriate, assist them in obtaining early intervention services.</p> <p>c. CPS should keep older children in school to the greatest extent possible so they can get a high school diploma or a GED and have an opportunity to proceed with a postsecondary education.</p> <p>d. Schools must be flexible in timeframes as to meeting registration requirements applied to system children. (e.g. records of immunizations, birth certificates) Schools should access the Arizona State Immunization Information System (ASIIS) and collaborate with the DHS immunization program to obtain</p>	Policy/Practice Legislation Legislation	Medium Medium Short Medium Medium

EDUCATION
Subcommittee Recommendations
As part of the CPS Advisory Commission
June 30, 2003

	Implementation- Changes needed	Completion Dates
<p>information regarding the availability of free immunizations.</p> <p>e. CPS and the schools/preschools/early intervention program should work together to assist children in the transitions from one level of services/schooling to the next.</p>	Collaboration	Short
<p>9. PROGRAMS CPS and schools should collaborate with the physical custodian so that children in protective care are able to participate in ancillary school programs such as sports, music, and social activities. Services to children who are receiving CPS services should be offered in a family focused, holistic manner, employing teams of advocates, caregivers and those familiar with the needs of each child.</p>	Policy/Practice and Collaboration	Short
<p>10. COMMUNITY Schools, early education programs and the community/faith based groups should work hand in hand to maintain strong neighborhood relationships so that children receiving CPS services, and their families, get the support they need to ensure safety, well being, and permanency for the child.</p> <p>a. Applicants for DHS and DES licenses and licensed facilities who will operate a new or expanded facility should notify, at least 60 days prior to their opening, both the school district(s) and the local school(s) the children in their facility will attend.</p>	Collaboration	Short
<p>11. TRAINING AND INFORMATION SHARING Educators and CPS and AZ early intervention staff, as well as community members, advocates, judges and other providers (physicians, behavioral health providers, etc.) should be cross trained and well trained on issues that affect children who are at risk of abuse or neglect or are in protective care.</p> <p>a. They should also be aware of the various systems and responsibilities these groups deal with in order to develop a better understanding of each player's roles/issues.</p> <p>b. Persons who need training/information include CASAs, members of the FCRB, attorneys, judges, GALs and all who have contact with the child in the educational, CPS or child welfare systems.</p>	Legislation	Medium
<p>12. SUPPLEMENTAL EDUCATION All dependent children and at risk children should have readily accessible (within 60 days of removal) supplemental educational opportunities at their school/preschool or in their neighborhood. All persons and systems involved with these children need to assist in getting them through high school.</p>	Policy and Collaboration	Short

EDUCATION
Subcommittee Recommendations
As part of the CPS Advisory Commission
June 30, 2003

	Implementation- Changes needed	Completion Dates
<ul style="list-style-type: none"> a. Educational assessment (including EPSDT and early intervention) and services for dependent and at risk children should be provided and paid for, as much as possible, with federal funds b. These services may already be in place, mandated by law or consistent with federal requirements. c. Funding: CPS in collaboration with other entities should pursue funding to provide supplemental educational opportunities to these children. This could include a combination of federal funds (e.g. Title I, McKinney Vento, Head Start, No Child Left Behind, IDEA, etc.), grants, other public and private funding. d. Providers should include schools; organizations such as Boys and Girls Clubs; contractors, including teachers at the school; volunteers such as other students, grandparents, etc; and others e. Referrals must be made to supplemental educational opportunities by parents, teachers, caseworkers, foster parents CASAs, GALs Courts, the child and others. 	Public Policy	
<p>13. INCARCERATED CHILDREN Children who have been incarcerated/detained have unique educational needs. We should eliminate barriers to transitioning these children from ADJC/detention back into their home school. The system should not fail these children, but facilitate an easy transition from one learning environment to another.</p> <ul style="list-style-type: none"> a. Schools must accept credits from juvenile corrections or detention facilities. b. CPS involvement while these children are incarcerated is key. CPS must stay involved with these children before, during and after incarceration and this involvement should not be replaced by probation/parole officers. 	Public Policy and Collaboration	Short
<p>14. POST SECONDARY SUPPORT: Arizona should increase its support for scholarships or other ways to assist with postsecondary education for children transitioning out of foster care/juvenile justice systems.</p> <ul style="list-style-type: none"> a. Arizona should pursue its full allocation of Post-Secondary Education Voucher funds (\$448,245) under the Promoting Safe and Stable Families Act to provide funds for this population. b. CPS/DES should collaborate with private agencies (example, Casey Family Programs) to secure the matching funds needed for this proposal. 	Public/private partnerships	Short
<p>15. JUDICIAL SYSTEM The court should consider the educational needs/interests of dependent/delinquent children and delivery of educational services/ensure compliance with case plans. Private providers and the Attorney General will continue to provide resources to judges to accomplish this by providing judicial</p>	Legislation	Medium

EDUCATION
Subcommittee Recommendations
As part of the CPS Advisory Commission
June 30, 2003

	Implementation- Changes needed	Completion Dates
checklists and training related to the unique educational needs of these children. a. The courts should consider the educational needs/interests of dependent children and ensure compliance with educational services. b. The courts must be attendant to educational benchmarks in sentencing children who are delinquent. Sentencing should be tied to the completion of educational achievements.		
PART II: SPECIAL EDUCATION ISSUES		
1. ELIGIBILITY: CPS, the school, early intervention and the court/advocates shall determine very early on whether a child has already been determined to be eligible for special education services. If not, the same players should assess whether the child may be eligible for such services.	Policy/Practice	Short
2. EDUCATION REPRESENTATION: Change AZ law so that the court for any child, schools as to children over 3 and the AZ Early Intervention program as to children under 3, must address early on who will represent the educational interests of the child. The court would resolve any disagreements between CPS/DES and a school as to who may represent the child for Individuals with Disabilities Education Act ("IDEA") Purpose such as a representative should be selected in the following order of priority: a. Parent/Legal Guardian (e.g. in home dependency/likely reunification, voluntary dependency); There may be great difficulty in having an incarcerated parent serve in this role. b. Stepparent/relative the child is residing with c. Long term foster parent (after the parent(s) rights to represent the child's educational interests have been extinguished) (This right can be reinstated as to the parent/legal guardian) (The foster parent must be willing and have no conflict of interest.) d. Relative, foster parent, CASA, GAL or attorney for a child as a surrogate parent (trained, fingerprinted, no conflict of interest) e. Shelter, group home (administrative) staff person, or probation/parole officer who qualified as a surrogate (trained, fingerprinted, no conflict of interest) f. Surrogate parent who is a stranger to the child (should have to meet with the child and review education records of the child).	Legislation	Medium
3. REMOVAL/ADDITION OF SURROGATE: The court for any child, schools as to children over 3 and the AZ Early Intervention Program as to children under 3, could also remove a surrogate/replace the	Legislation	Medium

EDUCATION
Subcommittee Recommendations
As part of the CPS Advisory Commission
June 30, 2003

	Implementation- Changes needed	Completion Dates
<p>person who represents the child's educational interests. Reasons for removal/replacement could include:</p> <ul style="list-style-type: none"> a. Child dies, is adopted, emancipates and has no need for a representative, is reunified with the parent/legal guardian, is no longer eligible for special education services. b. The representative dies, resigns, develops a conflict of interest, fails to perform, is charged with a crime which would prevent him/her from obtaining a fingerprint clearance card, violates confidentiality laws or court orders c. If the representative is the stepparent or relative with whom the child lives, but not a legal guardian and the child is removed/leaves this person's residence. (This person could apply to be a surrogate parent and once qualified, represent the child) <p>Relevant persons/entities should receive notice of removal/replacement of the representative, the education records should be retrieved from departing representative.</p> <p>4. INTERIM SURROGATE PARENT: The concept of an "interim surrogate parent" should be considered to allow for at least the review/approval needed for a special education evaluation. The training for this person may not have to be as extensive. If the person does not have to meet with the child in person or be alone with the child, the fingerprinting card requirement could be pending. The same persons considered for surrogate parents would be considered for interim surrogate parents.</p> <p>5. NOTICE OF COURT HEARINGS TO SURROGATES: There should be written notice to the representative of the "appointment", as well as to the parties in the matter, the early intervention providers/schools, CPS, CASA, GAL, attorney for the child, court, out of home caregiver, and appropriate correctional or supervisory officials, as appropriate.</p>	<p>Legislation</p> <p>Policy/Practice and Collaboration</p>	<p>Medium</p>
<p>6. OTHER ISSUES</p> <ul style="list-style-type: none"> a. Reimbursements: Consider reimbursing the representative for travel costs. b. Hold Harmless: Legislation to "hold harmless" a representative who acts in good faith in carrying out his/her responsibilities. Also for the appointing entity, be it DES or the school (courts already have immunity). <p>7. RECRUITMENT: Recruitment and training of surrogates (We need more surrogate parents)</p>	<p>Funding Legislation</p> <p>Policy/Practice and Collaboration</p>	<p>Medium Medium</p> <p>Medium</p>

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Sandy Brophy
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Kay Eckstrom
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Maricopa County Human Services
Rev. Julianne Lewis
Unity of the Southwest
Rodney Lewis
DES/CPS
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Boys and Girls Clubs of Scottsdale
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ARIZONA GOVERNOR JANET NAPOLITANO

FINAL RECOMMENDATIONS PREPARED FOR
CPS ADVISORY COMMISSION

COMMUNITY SUBCOMMITTEE

June 30, 2003

CO-CHAIR: Jannah Scott
Collaboration for a New Century

CO-CHAIR: Margaret Trujillo
ValueOptions

COMMUNITY
Subcommittee Recommendations
As part of the CPS Advisory Commission
June 30, 2003

	Implementation- Changes needed	Completion Dates
<p>to leave immediately. "Temporary Foster Homes" could be provided to these children for shelter at the same time involving CPS to develop a case plan for these children. This concept is similar to domestic violence safe houses.</p> <p>b. Provide options to older teens in protective care placement who seek refuge in homes other than their protective care placement. CPS in collaboration with others that work with the teen population should create safe housing and service alternative(s) for runaway youth who do not require the child to enter or reenter the CPS system.</p> <p>c. Explore the feasibility of an emancipation statute that ensures the safety, well-being and permanency for any emancipated youth and access to all services available to any other youth under the age of 18.</p> <p>4. Arizona should implement a differential response system to respond to the needs of children.</p> <p>a. Develop a multi-tiered, differential response system with the level of risk to the safety and health of the child determining who responds (i.e., CPS, law enforcement or mandated reporter or combination thereof) and type of response. The differential response will be sensitive to providing a response based on the level of risk to the child(ren) including the severity, chronicity, immediacy of risk and age of the child.</p> <p>b. Recruit, screen, certify and train clergy and other mandatory reporters to be first responders and CPS partners in responding to the immediate needs of children at risk of abuse or neglect and their families.</p> <p>Recommended strategies include:</p> <p>1. Develop a mechanism whereby select mandated reporters who are willing to act as first responders to children in crisis can receive appropriate screening, training and certification. Once certified by DES, these first responders would have the ability to make initial risk assessments and the authority to act on behalf of children who are being abused or neglected. The first responders would be required to contact CPS hotline staff (through a portal to the hotline) with risk assessment information. Once the hotline staff has determined (based on pre-established priority criteria) that 1) the child is in imminent danger and 2) that CPS cannot respond within the pre-determined timeframe, these first responders would have legal authority to remove the child(ren) from imminent danger and transport them to DES-licensed "safe houses".</p> <p>2. Partner community volunteers with CPS case managers/Family Builder providers on initial visits. They could act as helpful supports for families who are able/willing to accept services. These services could be community based, linked with CPS or another state agency or simply informal supports, and would be provided to "at risk" families prior/in lieu of the dependency.</p>	Legislation	Medium/Long

COMMUNITY
Subcommittee Recommendations
As part of the CPS Advisory Commission
June 30, 2003

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<p>5. Expand existing means of communication about services for children and families. This would include Public Service Announcements, community education and marketing to promote the challenges and opportunities of the CPS system. Both public and private resources could be used and should be statewide, including all rural and tribal areas.</p> <p>a. This could include promotion of the 2-1-1 system, where a web-based inventory or directory of services is being created which can be easily accessed by both the public and providers.</p> <p>b. A web based application should eventually be expanded to a phone system and/or written materials as well to reach out to individuals without internet access.</p>	Policy, R & D	Medium
<p>6. .Public input on the process of restructuring CPS should be maintained. Formal and informal processes should be development to facilitate this input. This would include input from providers, families, including families of origin, foster families and kinship care providers, teens in/out of the system, etc.</p>	Policy, practice	Short
<p>7. Overall, the community helps to mitigate the stigma of foster care. Children and youth do not like to be seen as “wards of the state”. The community is a partner with CPS, often acting as a surrogate. Their flexibility allows them to provide helpful services that the state cannot.</p>	Policy	Short

